

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 08:00 AM**
Secretary of State**DOCUMENT # 167507**1. Entity Name
SAVASORT INC

Principal Place of Business

6811 GARDEN RD

WEST PALM BEACH
33404

FL

US

Mailing Address

6811 GARDEN RD

WEST PALM BEACH
33404

FL

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0665212

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ELMORE, DANA, J
14550 CRAZY HORSE LANEPALM BEACH GARDENS
33418

FL

US

7. Name and Address of New Registered Agent

Name

ELMORE DANA J

Street Address (P.O. Box Number is Not Acceptable)

14550 CRAZY HORSE LANE

City

PALM BEACH GARDENS

FL

Zip Code
33418

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **DANA J. ELMORE****04/25/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPD ☐ Delete
NAME GRAUDS JEAN
STREET ADDRESS 3501 VILLAGE BLVD 301
CITY-ST-ZIP WEST PALM BEACH FLTITLE VP ☒ Change ☐ Addition
NAME GRAUDS JEAN
STREET ADDRESS 3501 VILLAGE BLVD 301
CITY-ST-ZIP WEST PALM BEACH FL 33409TITLE STD ☐ Delete
NAME ELMORE, DANA
STREET ADDRESS 14550 CRAZY HORSE LANE
CITY-ST-ZIP PALM BEACH GRDNS FLTITLE STD ☒ Change ☐ Addition
NAME ELMORE DANA
STREET ADDRESS 14550 CRAZY HORSE LANE
CITY-ST-ZIP PALM BEACH GRDNS FL 334187969TITLE PD ☐ Delete
NAME ELMORE, PHILLIP
STREET ADDRESS 14550 CRAZY HORSE LANE
CITY-ST-ZIP PALM BEACH GRDNS FLTITLE PD ☒ Change ☐ Addition
NAME ELMORE PHILLIP
STREET ADDRESS 14550 CRAZY HORSE LANE
CITY-ST-ZIP PALM BEACH GRDNS FL 334187969TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Phillip Elmore**

PD

04/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)