

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90294 011 ***150.00

DOCUMENT # 260585

1. Entity Name

VICTOR SABATTINI & ASSOCIATES, INC.

Principal Place of Business

**212 W. CORNELIUS CR
SARASOTA FL 34232
US**

Mailing Address

**P. O. BOX 3646
SARASOTA FL 34230
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

59-0975218

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****SABATTINI, VICTOR
212 W. CORNELIUS CR
SARASOTA FL 34232****7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

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

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, 2002 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**TITLE **ST** ☐ Delete
NAME **SABATTINI, SANDIE A.**
STREET ADDRESS **212 W. CORNELIUS CR**
CITY-ST-ZIP **SARASOTA FL 34232**TITLE **PD** ☐ Delete
NAME **SABATTINI, V**
STREET ADDRESS **212 W. CORNELIUS CR**
CITY-ST-ZIP **SARASOTA FL 34232**TITLE **VP** ☐ Delete
NAME **SABATTINI, LOUIS R.**
STREET ADDRESS **212 W. CORNELIUS CR**
CITY-ST-ZIP **SARASOTA FL 34232**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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:**Sandra A. Sabattini**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secy/Treas

Sandra A. Sabattini**4/19/02**

Date

941/371-4249

Daytime Phone #

CR2E034 (9/01)