

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 341299

1. Entity Name

SACKMAN SALES, INC.

Principal Place of Business

Mailing Address

1520 S HWY 15-A
PO BOX 144
DELAND FL 32721-0144

1520 S HWY 15-A
PO BOX 144
DELAND FL 32721-0144

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

59-1232956

Applied For

Not-Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SACKMAN, ROBERT H

~~2444 HONTOWN RD~~

~~DELAND FL 32720~~

7031 S. ATLANTIC AVE.
NEW SMYRNA BEACH, FL
32169

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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SACKMAN, ROBERT H	
STREET ADDRESS	2444 HONTOWN RD	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	S	<input type="checkbox"/> Delete
NAME	SACKMAN, SCOTT R.	
STREET ADDRESS	8814 ROBERTS ROAD	
CITY-ST-ZIP	ODESSA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SACKMAN, SLADE C	
STREET ADDRESS	6900 OLD WHISKEY CREEK DR	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7031 S. ATLANTIC AVE.	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4609 MATTIE COURT	
CITY-ST-ZIP	ORLANDO, FL 32817	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1352 SHEFFIELD WAY	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/01

904-736-7577

Date

Daytime Phone #

0474671

CR2E034 (10/00)