

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90074 018 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # 341299

1. Entity Name
SACKMAN SALES, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

7031 S. ATLANTIC AVE
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 144
 Suite, Apt. #, etc.

City & State

NEW SMYRNA BCH. FL

City & State

DELAND FL

4. FEI Number

59-1232956

Applied For

Not Applicable

Zip

32169

Country

USA

Zip

32721-

Country

USA VOLUSIA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent **0144**

SACKMAN, ROBERT H
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, 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	PD	<input type="checkbox"/> Delete
NAME	SACKMAN, ROBERT H	
STREET ADDRESS	7031 S. ATLANTIC AVE.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	S	<input type="checkbox"/> Delete
NAME	SACKMAN, SCOTT R.	
STREET ADDRESS	4609 MATTHE COURT	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SACKMAN, SLADE C	
STREET ADDRESS	1352 SHEFFIELD WAY	
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 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	7901 LAKE WAUNATTA DR.
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	806 CYPRESS LAKE CIRCLE
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	
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 like empowered.

SIGNATURE:

Robert H. Sackman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/02
 Date

386-427-5330
 Daytime Phone #

CR2E034 (9/01)