2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State
02-16-2001 90005 037 ***150.00

DOCUMENT # 380085

1. Entity Name
SABER ASSOCIATES, INC.

Principal Place of Business	Mailing Address
551 S. APOLLO BLVD. ~~P.O. BOX 4599~~ MELBOURNE FL 32901	551 S. APOLLO BLVD. ~~P.O. BOX 4599~~ MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4807 Hidden Palm Place	4807 Hidden Palm Place
Suite, Apt. #, etc..	Suite, Apt. #, etc.
City & State: Melbourne Fl	City & State: Melbourne Fl
Zip: 32904 Country: US	Zip: 32904 Country: US

4. FEI Number 59-1325023 ☐ 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
~~CORUN, RAY~~ Jim Talbot ~~3780 MUDFISH LN~~ ~~KISSIMMEE FL 34744~~	Name: E J TALBOT Street Address (P.O. Box Number is Not Acceptable): 4807 Hidden Palm Place City: Melbourne FL Zip Code: 32904

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: E. J. Talbot 2/14/01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOTKOFF, ALAN M 11849 SW 43RD ST DAVIE FL 33330	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT E. J. TALBOT 4807 Hidden Palm Place Melbourne Fl. 32904	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O JOTKOFF, PATRICIA L 11849 SW 43RD ST DAVIE FL 33330	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O TALBOT, NORMA L 4807 HIDDEN PALM PL MELBOURNE FL 32904	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CORUN, RAY 3780 MUDFISH LANE KISSIMMEE FL 34744	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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: E. J. Talbot E J TALBOT 2/14/01 321-724-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #