2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # 408037 Mar 29, 2000 8:00 am 1. Entity Name **Secretary of State** SAWDY ENTERPRISES, INC. 03-29-2000 90080 028 ***150.00 Mailing Address Principal Place of Business 735-15TH AVENUE DRIVE EAST 735-15TH AVENUE DRIVE EAST PALMETTO FL 34221-4117 PALMETTO FL 34221 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1478565 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KAKLIS, V. WILLIAM Street Address (P.O. Box Number is Not Acceptable) 1400 4TH AVE. W. **BRADENTON FL 34205** Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition TITLE TITLE ☐ Delete SAWDY, WILLIAM L. NAME NAME 735-15TH AVENUE DRIVE E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALMETTO FL Change Addition ☐ Delete TITLE SAWDY, VIRGINIA C. 735-15TH AVENUE DRIVE E STREET ADDRESS STREET ADDRESS PALMETTO FL CITY-ST-ZIP CITY-ST-ZIP T Change Addition Delete TITLE -TITLE SAWDY, MICHAEL WAYNE NAME NAME 735 15TH AVE. DRIVE E STREET ADDRESS STREET ADDRESS PALMETTO FL CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition an kerv⊡ (Delete vir kry NAME (STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.