FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 05, 2001 8:00 am Secretary of State **DOCUMENT # 408037** SAWDY ENTERPRISES, INC. 04-05-2001 90090 025 ***150.00 Principal Place of Business. Mailing Address 735-15TH AVENUE DRIVE EAST 735-15TH AVENUE DRIVE EAST PALMETTO FL 34221 PALMETTO FL 34221 C0042326 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1478565 Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required - - 6. Name and Address of Current Registered Agent -----7. Name and Address of New 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 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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. 225i4 TITLE **Delete** MICHAEL WAYNE SANGY SAWDY, WILLIAM L. NAME NAME 235 15 MAUE DRE 735-15TH AVENUE DRIVE E STREET ADDRESS STREET ADDRESS PALMETTO FL CITY-ST-ZIP Painetto Fl 34221 CITY-ST-ZIP SCERCIARY Delete Addition TITLE TITLE SAWDY, VIRGINIA C. NAME NAME MEETIN AND ZHOOM 735-15TH AVENUE DRIVE E STREET ADDRESS 235 15" AUC DR E STREET ADDRESS PALMETTO FL CITY-ST-ZIP CITY-ST-ZIP AIMETTO FI TITLE - Delete SAWDY, MICHAEL WAYNE NAME NAME 735 15TH AVE. DRIVE E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALMETTO FL ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITI F Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OPPORTECTOR

4/03/01 941-22-4321

Daytime Phone #