

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90105 008 \*\*\*150.00

**DOCUMENT # 505894**

1. Entity Name

**SANGAS ENTERPRISES, INC.**

Principal Place of Business

**740 S FEDERAL HWY  
 STUART FL 34994  
 US**

Mailing Address

**1445 SW 34 ST.  
 PALM CITY FL 34990-3311**

2. Principal Place of Business

3. Mailing Address

**1600 NE Dixie Hwy**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Bldg 11-103**

City & State

City & State

**Jensen Bch FL**

Zip

Country

Zip

Country

**34957-6356 USA**

4. FEI Number

**65-0389105**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional -  
 Fee Required**

6. Name and Address of Current Registered Agent

**SANGAS, GEORGE  
 1445 S W 34TH ST  
 PALM CITY FL 34990**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**1600 NE Dixie Hwy, Bldg 11-103**

City

**Jensen Beach**

**FL**

Zip Code

**34957-6356**

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 ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **SANGAS, CAROL**  
 CITY-ST-ZIP **1445 S W 34TH ST  
 PALM CITY FL 34990-3311**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **1600 NE Dixie Hwy, Bldg 11-103**  
 CITY-ST-ZIP **Jensen Bch FL 34957-6356**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02 Date

222-288-7311 Daytime Phone #

CR2E034 (9/01)