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CR2E034

2002 UNIFORM BUSINESS REPORT (UBR)

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Mar 12, 2002 8:00 am **Secretary of State** 577498 DOCUMENT # 1. Entity Name 03-12-2002 90285 029 ***150.00 SAWAIR ENTERPRISES, INC. Principal Place of Business Mailing Address ONE BEACH DRIVE SE ONE BEACH DRIVE SE **SUITE 2302** BOX #4 ST PETERSBURG FL 33701 SAINT PETERSBURG FL 33701-3963 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 59-1826657 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent -- -7. Name and Address of New Registered Agent SALZER, IRIS W. Street Address (P.O. Box Number is Not Acceptable) ONE BEACH DRIVE SE SUITE 2302 ST. PETERSBURG FL 33701 City 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 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, 2002 Fee will be \$550.00 Trust Fund Contribution, (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (9/01) TITLÉ CSD ☐ Delete TITLE ☐ Change Addition SALZER, IRIS W. NAME NAME STREET ADDRESS ONE BEACH DR SE. STE 2302 STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL CITY-ST-ZIP ☐ Addition TITLE PDS ☐ Delete TITLE Change NAME NAME SALZER, E. STAN STREET ADDRESS STREET ADDRESS ONE BEACH DR SE. STE 2302 CITY-ST-7(P CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete ☐ Addition TITLE VTD TITLE ☐ Change NAME NAME SALZER. BRAD STREET ADDRESS STREET ADDRESS ONE BEACH DR SE. STE 2302 CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL Delete TITLE ☐ Change Addition TITLE VAT SALZER, STEVE NAME NAME STREET ADDRESS STREET ADDRESS ONE BEACH DE SE, STE 2302 CITY-ST-ZIP ST PETERSBURG FL CITY-ST-ZIP ☐ Delete TITLE TITLE □ Change ☐ Addition NAME NAME SALZER, MARK STREET ADDRESS ONE BEACH DR SE, STE 2302 STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE SALZER, PAM NAME NAME STREET ADDRESS ONE BEACH DE SE, STE 2302 STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL 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 eath; 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