

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2000 8:00 am
Secretary of State
 04-14-2000 90085 044 ***150.00

DOCUMENT # 691136

1. Entity Name

SAWYER ENTERPRISES, INC.

Principal Place of Business

Mailing Address

2350 N MILITARY TR
 WEST PALM BEACH FL 33409
 US

2350 N MILITARY TR
 WEST PALM BEACH FL 33409-2971
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2101024

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

SAWYER, RICHARD

~~2350 N. MILITARY TRAIL~~

~~SUITE 402~~

~~WEST PALM BEACH FL 33409~~

**5097 THYME DR
 PALM BEACH GARDENS
 FL, 33418**

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, 2000 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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **SAWYER, RICHARD**
 CITY-ST-ZIP **2350 N. MILITARY TRAIL #402**
WEST PALM BEACH FL 33409

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5097 THYME DR**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE ☐ Delete
 NAME **ST**
 STREET ADDRESS **SAWYER, SHARISA**
 CITY-ST-ZIP **2350 N. MILITARY TRAIL #402**
WEST PALM BEACH FL 33409

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5097 THYME DR**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE ☐ Delete
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 CITY-ST-ZIP

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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

DATE DAYTIME PHONE #

CR2E034 (9/99)