

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State
 02-24-2002 90062 012 ***163.75

DOCUMENT # 856635

1. Entity Name
SANITY SAVER CAP COMPANY

Principal Place of Business
1105 NORTH MARKET STREET, SUITE 1600
POST-OFFICE BOX 2166
WILMINGTON DE 19899

Mailing Address
1105 NORTH MARKET STREET, SUITE 1600
POST OFFICE BOX 2166
WILMINGTON DE 19899

2. Principal Place of Business
100 SUNRISE AVE

3. Mailing Address
100 SUNRISE AVE

Suite, Apt. #, etc.
APT. NO. 203

Suite, Apt. #, etc.
APT. NO. 203

City & State
PALM BEACH FL

City & State
PALM BEACH FL

Zip
33480

Country
USA

Zip
33480

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0289331

Applied For
 Not Applicable

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

MORRIS, IRVING
C/O SUN AND SURF
100 SUNRISE AVENUE
PALM BEACH FL 33324

Name

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

City

FL

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 **Irving Morris IRVING MORRIS** **TREASURER-DIRECTOR 2-8-02**
 Signature, type 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WAVE, LARRY E. 419 N O ST LAKE WORTH FL 33460	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WOODS, RICHARD S. 1811 EVERGREEN DR W. PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WOODS, CAROL 1811 EVERGREEN DR. W. PALM BCH. FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORRIS, IRVING 1105 N MARKET ST #1600 WILMINGTON DE	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Irving Morris IRVING MORRIS** **2-8-02** **833-5708**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)