

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F60103**

1. Entity Name  
**SENTOO, INC.**

Principal Place of Business

**1121 STERLING ROAD  
IVERNESS FL 34453  
US**

Mailing Address

**P.O. BOX 579  
INGLIS FL 34449  
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**CARLSON, BRIAN A  
1121 STERLING RD.  
IVERNESS FL 34453**

7. Name and Address of New Registered Agent

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

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 **STD POOLE, IRENE SNIPES**  
STREET ADDRESS **20 CAPTAINS COVE RD.**  
CITY-ST-ZIP **CRYSTAL RIVER FL**

TITLE ☐ Delete  
NAME **PVD POOLE, DANIEL CURTIS**  
STREET ADDRESS **20 CAPTAINS COVE RD.**  
CITY-ST-ZIP **INGLIS FL**

TITLE ☐ Delete  
NAME **D POOLE, JAMES**  
STREET ADDRESS **N105W14667 LINCOLN DRIVE**  
CITY-ST-ZIP **GERMANTOWN WI 53022**

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  
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
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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: *Irene S. Poole* **Irene S. Poole** Jan. 28, 2002 352-447-3861  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90306 001 \*\*\*150.00  
02-13-2002 90306 002 \*\*\*\*\*8.75



DO NOT WRITE IN THIS SPACE

4. FEI Number **43-1248562** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

CR2E034 (9/01)