

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90081 004 ***150.00

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1. Entity Name
S.A.B. ASSOCIATES, INC.



Principal Place of Business
3022 MOSS VALLEY PL
WINTER PARK FL 32792

Mailing Address
3022 MOSS VALLEY PL
WINTER PARK FL 32792



2. Principal Place of Business

~~3022 MOSS VALLEY PL~~ 1485 S. SEMORAN BLVD
Suite, Apt. #, etc.
1401

3. Mailing Address

1485 S. SEMORAN BLVD
Suite, Apt. #, etc.
1401

☐ CHECK HERE IF MAKING CHANGES

City & State
WINTER PARK, FL

City & State
WINTER PARK

4. FEI Number 88-0380601

Applied For
Not Applicable

Zip 32792 Country ORANGE

Zip 32792 Country ORANGE

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

6. Name and Address of Current Registered Agent

BLY, SONYA A
3208C E. COLONIAL DR #178
ORLANDO FL 32803

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD
NAME BLY, SONYA A ☐ Delete
STREET ADDRESS 3022 MOSS VALLEY PL
CITY-ST-ZIP WINTER PARK FL

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~PRES~~
NAME ~~SONYA A BLY~~ ☐ Change ☐ Addition
STREET ADDRESS ~~1485 S. SEMORAN~~
CITY-ST-ZIP

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sonya A Bly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-03 407-222-4427

CR2E034 (10/02)