

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G36392

1. Entity Name

SAPNA ENTERPRISES, INC.

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90020 012 ***550.00

Principal Place of Business

4432 W HIGHWAY 98
PANAMA CITY FL 32401
US

Mailing Address

958 JENKS AVENUE
PANAMA CITY FL 32401
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 2346

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PANAMA CITY, FL

4. FEI Number

59-2603590

Applied For

Not Applicable

Zip

Country

Zip

32402

Country

FLA

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

SEGRS, SOWELL & STEWART, PA
958 JENKS AVENUE
PANAMA CITY FL 32401

Name

SEGRS, SOWELL, STEWART & JOHNSON, PA

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

626 LUVERNE AVE.

City

PANAMA CITY

FL

Zip Code

32401

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00

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 P
NAME RAO, PALEP N.
STREET ADDRESS 3027 KINGS HARBOR RD.
CITY-ST-ZIP PANAMA CITY FL

☐ Delete

TITLE ST
NAME RAO, USHA
STREET ADDRESS 3027 KINGS HARBOR RD.
CITY-ST-ZIP PANAMA CITY FL

☐ Delete

TITLE M
NAME ISENHOUR, JERRY
STREET ADDRESS 1501 LLOYDS COVE RD
CITY-ST-ZIP TALLAHASSEE FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #