

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G47881**

1. Entity Name

**SAVO, INC.**

Principal Place of Business

**11706 N. HWY 301  
THONOTOSASSA FL 33592**

Mailing Address

**PO BOX 75283  
TAMPA FL 33675-0283**

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

**LEWIS, MARK R.  
11706 N. HWY 301  
THONOTOSASSA FL 33592**

7. Name and Address of New Registered Agent

Name **A. Burt Phillips**  
Street Address (P.O. Box Number is Not Acceptable) **11706 N. Hwy. 301**  
City **Thonotosassa** **FL** Zip Code **33592**

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 *A. Burt Phillips* **A. Burt Phillips** **3/24/00**  
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

TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ALDERSON, ANNETTE</b>	
STREET ADDRESS	<b>PO BOX 75283</b>	
CITY-ST-ZIP	<b>TAMPA FL 33675</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>PHILLIPS, A.B.</b>	
STREET ADDRESS	<b>11706 N. HWY 301</b>	
CITY-ST-ZIP	<b>THONOTOSASSA FL 33592</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *A. Burt Phillips* **A. Burt Phillips** **3-24-00** **813-986-6183**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90030 033 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2307055** Applied For ☐ Not Applicable ☐

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

CR2E034 (9/99)