

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H52249

1. Entity Name
SATCO, INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State
02-14-2000 90048 003 ***150.00

Principal Place of Business	Mailing Address
% SCOTT THOMPSON 1100 PONCE DE LEON BLVD CORAL GABLES FL 33134	% SCOTT THOMPSON 1100 PONCE DE LEON BLVD CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number	Applied For
12230 FOREST HILL BLVD.	12230 FOREST HILL BLVD.	59-2584114	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
110-J	110-J		
City & State	City & State		
WELLINGTON, FLORIDA	WELLINGTON, FLORIDA		
Zip	Zip		
33414	33414		
Country	Country		
USA	USA		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THOMPSON, SCOTT 1100 PONCE DE LEON BLVD CORAL GABLES FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) 12230 FOREST HILL BLVD. SUITE 110-J City WELLINGTON, FLORIDA FL Zip Code 33414

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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP THOMPSON, SCOTT 1100 PONCE DE LEON BLVD CORAL GABLES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12230 FOREST HILL BLVD. SUITE 110-J WELLINGTON, FLORIDA 33414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST THOMPSON, DARYL K. 1100 PONCE DE LEON BLVD CORAL GABLES FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12230 FOREST HILL BLVD. SUITE 110-J WELLINGTON, FLORIDA 33414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Delete	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"/> Delete	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: Scott Thompson 2/5/00 (361) 792-8203
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)