## 2000 UNIFORM BUSINESS REPORT (UBR) FILED 104902 DOCUMENT # Aug 08, 2000 8:00 am Sassy Enterprises of Bay County, Inc. **Secretary of State** 08-08-2000 90095 003 \*\*\*150.00 Principal Place of Business Mailing Address 331 PORTER DRIVE 331 PORTER DRIVE LYNN HAVEN FL 32444 LYNN HAVEN, FL 32444 A0071979 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State 4. FEI Number City & State 59-267009L Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Samuel P. Estok Name 331 PORTER DRIVE Street Address (P.O. Box Number is Not Acceptable) LYNN HANEN, FL 32444 Zip Code ent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered office or reg FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550,00 Tax filing requirement and elects to do so.\_ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE TITLE Delete SAMUEL P. ESTOK NAME 331 PORTER DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIE LYNN HAVEN, FL 32444 CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE ESTOK, SHERRY CUSATO NAME 33, PORTERD'R. STREET ADDRESS STREET ADDRESS LYNN HAVEN, IL 32444 CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS 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 an other like empowered.

SIGNATURE:

DOC # J0490Z A0071979

August 3, 2000

Annual Report Filings
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

## Dear Sir or Madam:

I spoke to someone in your office on July 24, 2000, regarding the fact that we had not received our preprinted Corporation Annual Report Form for Sassy Enterprises of Bay County, Inc., for the year 2000. She advised me that she would send one to me and I should return it for the \$150.00 fee since quite a few corporations had not received their forms.

Enclosed please find the Annual Report Form and a check for \$150.00. Thank you for your consideration in this matter.

Sincerely,

Sherry Estok

Secretary/Treasurer

Sherry Cotok