

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J06855

1. Entity Name
SAM-WAIN ENTERPRISES, INC.

Principal Place of Business
**% ROBERT WAINSCOTT
1755 INLET DRIVE
N. FT. MYERS FL 33903**

Mailing Address

**% ROBERT WAINSCOTT
1755 INLET DRIVE
N. FT. MYERS FL 33903**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2671096**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**WAINSCOTT, ROBERT
1755 INLET DRIVE
N. FT. MYERS FL 33903**

Name

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

City

FL Zip Code

7. Name and Address of New Registered Agent

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 \$150.00

After MAY 1, 2001 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

**VPS
WAINSCOTT, ROBERT
1755 INLET DRIVE
N. FT. MYERS FL 33903**

Delete

**TD
WAINSCOTT, ROBERT
1755 INLET DR
N FT MYERS FL**

Delete

Delete

Delete

Delete

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**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.

PRESIDENT

SIGNATURE: *Robert Waincott* **4-28-2001** **941-997-4727**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

033205

**FILED
May 15, 2001 8:00 am
Secretary of State**

05-15-2001 90026 041 ***150.00

764360



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)