

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90247 044 \*\*\*150.00

DOCUMENT # **J36399**

1. Entity Name  
**SARVINAS, INC.**

Principal Place of Business Mailing Address  
**1697 W Airport Blvd**  
**SANFORD, FL 32773**

**A0065807**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**PO Box 951533**

DO NOT WRITE IN THIS SPACE

City & State City & State  
**Lake Mary, FL**  
 Zip Country Zip Country  
**32795-1533 USA**

4. FEI Number Applied For  
**592750271** Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CLAYTON E. SIMMONS**  
**200 WEST FIRST ST, SUITE 22**  
**SANFORD, FL 32771**

7. Name and Address of New Registered Agent  
 Name **CLAYTON D. SIMMONS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**200 W FIRST ST, STE 22**  
 City **SANFORD** FL Zip Code **32771**

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  DATE **4/26/01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE REPORT - FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$200.00**  
**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>PD</b>	<input type="checkbox"/> Delete
NAME	<b>Wm. SARVINAS</b>	
STREET ADDRESS	<b>1697 W. Airport Blvd, Sanford</b>	
CITY-ST-ZIP	<b>32773</b>	
TITLE	<b>STVP</b>	<input type="checkbox"/> Delete
NAME	<b>CAROL SARVINAS</b>	
STREET ADDRESS	<b>1697 W. Airport Blvd, Sanford</b>	
CITY-ST-ZIP	<b>32773</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		

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		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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:  **Wm. Sarvinas** DATE **4/26/01** **407-324-9386**

CR2E034 (11/00)