

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-31-2001 90113 040 ***550.00

011739 AT

DOCUMENT # J93034

1. Entity Name
SANG ENTERPRISES, INC.

Principal Place of Business
348 GULF BREEZE PKWY
GULF BREEZE FL 32561
US

Mailing Address
348 GULF BREEZE PARKWAY
GULF BREEZE FL 32561-4464



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Same

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2841916

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHROEDER, KRISTIN SANG
1150 FT PICKENS RD F-2
GULF BREEZE FL 32561

1390 Ft. Pickens Rd-221

Name

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

City

FL

Zip Code

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) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **SCHROEDER, GLEN**
 STREET ADDRESS **1150 FT PICKENS RD F2**
 CITY-ST-ZIP **PENSACOLA BCH FL 32561**

☐ Change ☐ Addition
 NAME
 STREET ADDRESS **1390 Ft. Pickens Rs. #221**
 CITY-ST-ZIP **Pensacola Beach, Fl. 32561**

TITLE **VD** ☐ Delete
 NAME **WILDER, CHERYL**
 STREET ADDRESS **605 TERRY LN**
 CITY-ST-ZIP **IRONDALE AL**

☐ Change ☐ Addition
 NAME
 STREET ADDRESS **2395 Wine Ridge Drive**
 CITY-ST-ZIP **Birmingham, Al. 35244**

TITLE **STD** ☐ Delete
 NAME **SCHROEDER, MARIETTA**
 STREET ADDRESS **1150 FT. PICKENS RD. F-2**
 CITY-ST-ZIP **PENSACOLA FL**

☐ Change ☐ Addition
 NAME
 STREET ADDRESS **1390 Ft. Pickens Rd. #221**
 CITY-ST-ZIP **Pensacola Beach, Fl. 32561**

TITLE **D** ☐ Delete
 NAME **WARD, KRISTIN**
 STREET ADDRESS **1150 FT. PICKENS RD F-2**
 CITY-ST-ZIP **PENSACOLA BCH FL**

☐ Change ☐ Addition
 NAME
 STREET ADDRESS **1390 Ft. Pickens Rd. #221**
 CITY-ST-ZIP **Pensacola Beach, Fl. 32561**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ 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: *Marietta Schroeder* **8/29/01 850-932-1525**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)