

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90461 024 \*\*\*150.00

**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**



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 **59-2841916**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**SCHROEDER, KRISTIN SANG  
1390 FT PICKENS RD  
221  
GULF BREEZE FL 32561**

## 7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SCHROEDER, GLEN</b>	
STREET ADDRESS	<b>1390 FT PICKENS RD # 221</b>	
CITY-ST-ZIP	<b>PENSACOLA BCH FL 32561</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>WILDER, CHERYL</b>	
STREET ADDRESS	<b>2395 WINE RIDGE DR</b>	
CITY-ST-ZIP	<b>BIRMINGHAM AL 35244</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>SCHROEDER, MARIETTA</b>	
STREET ADDRESS	<b>1390 FT PICKENS RD # 221</b>	
CITY-ST-ZIP	<b>PENSACOLA BEACH FL 32561</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WARD, KRISTIN</b>	
STREET ADDRESS	<b>1390 FT PICKENS RD # 221</b>	
CITY-ST-ZIP	<b>PENSACOLA BEACH FL 32561</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. 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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like-empowered.

SIGNATURE:

*Marietta Schroeder*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/16/03**

**850-932-1525**

Date

Daytime Phone #

CR2E034 (10/02)