

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 11, 2000 08:00 AM
Secretary of State

DOCUMENT # K09525

1. Entity Name
 SAVANNAH INDUSTRIAL PARK, INC.

Principal Place of Business
 31 S.E. HARBOR POINT DRIVE
 STUART FL 34996 US

Mailing Address
 31 S.E. HARBOR POINT DR.
 STUART FL 34996 US

2. Principal Place of Business
 1601 NE BRAILLE PLACE

3. Mailing Address
 1601 NE BRAILLE PLACE

Suite, Apt. #, etc.

City & State
 JENSEN BEACH FL

City & State
 JENSEN BEACH FL

4. FEI Number
65-0021434

Applied For
 Not Applicable

Zip Country
 34957 US

Zip Country
 34957 US

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

THOMAS, WILLIAM A.
 31 S.E. HARBOR POINT DR.
 STUART FL 34996

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.

SIGNATURE _____ DATE **02/11/2000**
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SCHENK ROBERT A 1601 NE BRAILLE PLACE JENSEN BEACH FL 34957 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THOMAS, HELEN S. 31 S.E. HARBOR POINT DR. STUART FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THOMAS HELEN S 31 S.E. HARBOR POINT DR. STUART FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD THOMAS, WILLIAM A. 31 S.E. HARBOR POINT DR. STUART FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS WILLIAM A 31 S.E. HARBOR POINT DR. STUART FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: Robert A. Schenk

VSD 02/11/2000