

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 11, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # K09525****1. Entity Name**  
SAVANNAH INDUSTRIAL PARK, INC.

<b>Principal Place of Business</b> 31 S.E. HARBOR POINT DRIVE  STUART 34996 US	<b>Mailing Address</b> 31 S.E. HARBOR POINT DR.  STUART 34996 US
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<b>2. Principal Place of Business</b> 1601 NE BRAILLE PLACE  Suite, Apt. #, etc.	<b>3. Mailing Address</b> 1601 NE BRAILLE PLACE  Suite, Apt. #, etc.
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<b>City &amp; State</b> JENSEN BEACH FL	<b>City &amp; State</b> JENSEN BEACH FL
<b>Zip</b> 34957	<b>Country</b> US

<b>4. FEI Number</b> 65-0021434	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**THOMAS, WILLIAM A.  
31 S.E. HARBOR POINT DR.  
  
STUART  
34996  
FL**7. Name and Address of New Registered Agent**

<b>Name</b>
<b>Street Address (P.O. Box Number is Not Acceptable)</b>
<b>City</b> <b>FL</b> <b>Zip Code</b>

**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**02/11/2000**(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, 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**

<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	SD
<b>STREET ADDRESS</b>	THOMAS, HELEN S.
<b>CITY-ST-ZIP</b>	31 S.E. HARBOR POINT DR. STUART FL
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	PTD
<b>STREET ADDRESS</b>	THOMAS, WILLIAM A.
<b>CITY-ST-ZIP</b>	31 S.E. HARBOR POINT DR. STUART FL
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	SCHENK ROBERT A	
<b>STREET ADDRESS</b>	1601 NE BRAILLE PLACE	
<b>CITY-ST-ZIP</b>	JENSEN BEACH FL 34957	
<b>TITLE</b>	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	THOMAS HELEN S	
<b>STREET ADDRESS</b>	31 S.E. HARBOR POINT DR.	
<b>CITY-ST-ZIP</b>	STUART FL	
<b>TITLE</b>	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	THOMAS WILLIAM A	
<b>STREET ADDRESS</b>	31 S.E. HARBOR POINT DR.	
<b>CITY-ST-ZIP</b>	STUART FL	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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