

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

Amended 2002

FILED

02 APR 16 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K42513

1. Entity Name

Sawmill Ridge Services, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4920 N. U.S. Hwy 1

3. Mailing Address

7402 N. U.S. Hwy 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Vero Beach, FL

City & State

Vero Beach, FL

4. FEI Number

65-0087500

Applied For

Not Applicable

Zip

Country

U.S.A.

Zip

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Lockwood, Thomas W.

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

7402 N. U.S. Hwy 1

City

Vero Beach

FL

Zip Code

32967

**DO NOT WRITE
IN THIS SPACE**

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.

(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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY-ST-ZIP

P
Lockwood, Thomas W.
7275 45th St
Vero Beach, FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S/T
Jane Henderson
7275 45th St.
Vero Beach, FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

100005349731--8

-04/25/02--01079--008

*****61.25 *****61.25

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/02 (772)567-0034

Date

Daytime Phone #

CR2E034B (12/01)