

# 2001 UNIFORM BUSINESS REPORT (UBR)

0017268 AF

DOCUMENT # L00000009028

1. Entity Name

SAOI, LLC

Principal Place of Business

601 BAYSHORE BLVD., SUITE 960  
TAMPA FL 33606

Mailing Address

601 BAYSHORE BLVD., SUITE 960  
TAMPA FL 33606

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

59-3663061

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WOLFE, RANDOLPH J  
ONE TAMPA CITY CENTER  
201 N. FRANKLIN ST., SUITE 2200  
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name RANDOLPH J. WOLFE  
Street Address (P.O. Box Number is Not Acceptable)  
100 NORTH TAMPA ST., SUITE 2700  
City TAMPA FL Zip Code 33602

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

*Randolph J. Wolfe* Randolph J. Wolfe, Registered Agent

March 27, 2001

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

(NOT Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☒ Addition  
MANAGER  
EDWARD R. OELSCHLAEGER  
STREET ADDRESS 601 BAYSHORE BLVD. SUITE 960  
CITY-ST-ZIP TAMPA, FLORIDA 33606

TITLE NAME ☐ Change ☐ Addition  
8000004218208-1  
-05/15/01-01116-024  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Edward R. Oelschlaeger* EDWARD R. OELSCHLAEGER 3/31/01 813-251-4868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)

FILED  
01 APR 27 PM 11:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE