FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Aug 01, 2001 8:00 am Secretary of State L16231 DOCUMENT # 1. Entity Name SAWH'S INC. 08-01-2001 90191 007 ***150.00 Mailing Address Principal Place of Business 5808-01 NORMANDY BLVD 5808-01 NORMANDY BLVD JACKSONVILLE FL 32205 JACKSONVILLE FL 32205 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For -City & State. 4. FEI Number City & State 59-2968503 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SAWH, JAIPAUL Street Address (P.O. Box Number is Not Acceptable) 5808-1 NORMANDY BOULEVARD JACKSONVILLE FL 32205 Zip Code City FL 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 Fiorida. DATE 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (5/01 ☐ Addition TITLE ☐ Delete TITLE SAWH, JAIPAUL NAME NAME 5805-1 NORMANDY BOULEVARD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32205 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DJ ☐ Delete TITLE TITLE SAWH, ZERENA NAME NAME 5808-1 NORMANDY BOULEVARD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32205 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE SAUTHAS, IRIC NAME NAME 5808-1 NORMANDY BLVD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32205 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ____Change ____ Addition ~ ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

Attachment#616231.
BOUGO894 5808-01 Normandy Blvd

Sawh's Inc.

July 24, 2001

Jacksonville, FL. 32205

Uniform Business Report P.O. Box 1500 Tallahassee, FL. 32302-1500

Dear Sirs:

Enclosed please find a check in the amount of \$150.00. I never received the first notice that was supposedly sent out on or before May. We have been having problems receiving our mail. I spoke with Andy, one of your representatives who informed me that you may consider accepting this amount as I never received the first notice.

I would greatly appreciate your consideration as I have never been late for this payment. I have been in business for 10 years and never experienced such a problem with you all. Please feel free to contact me at (904) 781-9484 with any updates at your earliest convenience. I do apologize for any inconvenience this may cause.

Sincerely,

Zerena Sawh Owner

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