## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 27, 2001 8:00 am Secretary of State DOCUMENT # L22054 1. Entîty Name SARAH BRYSON INDUSTRIES, INC. 04-27-2001 90243 028 \*\*\*150.00 Principal Place of Business Mailing Address 5901-A NW 31ST AVE. 5901-A NW 31ST AVE. FORT LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0149287 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BAYNES, MICHAEL J. Street Address (P.O. Box Number is Not Acceptable) 821 59TH ST LANTANA FL 33462 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State NS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE CE O Change ☐ Addition TITLE ☐ Delete BAYNES, SARAH NAME NAME STREET ADDRESS STREET ADDRESS 821 S. 9TH STREET CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33462 Change ☐ Addition ☐ Delete TITLE TITLE BAYNES, MICHAEL NAME NAME 4123 ARDISIA PATH STREET STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33436** CITY-☐ Delete ~ ربت ب TITLE ~ NAME NAME DEBORAH D. MURPHY STREET ADDRESS STREET ADDRESS 4123 AROISIA PATH CITY-ST-ZIP CITY-ST-ZIP BOYNTON BEACH ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAMĘ NAME STREET ADDRESS STREET ADDRESS

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 truetee empoyeed 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 analyziment with an alidrate; with all other like empowered.

CITY-ST-ZIP

IGNATURE MILLAND

CITY-ST-ZIP

MICHAEL J. BAYNE

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Daytime Phone #