

# 2002 UNIFORM BUSINESS REPORT (UBR)

0622896 AV

DOCUMENT # L22635

1. Entity Name  
SARASOTA QUAY, INC.

Principal Place of Business

603 SARASOTA QUAY  
SARASOTA FL 34236  
UA

Mailing Address

C/O RENE A. GAREAU  
4273 BOCA POINTE DR  
SARASOTA FL 34238

2. Principal Place of Business

3. Mailing Address

603 Sarasota Quay

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Sarasota, Florida

Zip

Country

Zip

Country

34236

USA

4. FEI Number

65-0157657

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAREAU, RENE A.  
4273 BOCA POINTE DR  
SARASOTA FL 34238

Name

UCC Filing & Search Services Inc.

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

526 East Park Avenue

City Tallahassee

FL

Zip 92301

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

*Alison Hand*

(NOTE: Registered Agent signature required when reinstating)

*Asst Secy*

*4/15/02*

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME FENTON, SHELDON C  
STREET ADDRESS 149 DUNVEGAN RD  
CITY-ST-ZIP TORONTO, ONTARIO CANADA M5P- 2N8

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500005350345--9  
-04/26/02--01012--007  
\*\*\*\*150.00 \*\*\*\*150.00

TITLE DCS  
NAME GAREAU, RENE A.  
STREET ADDRESS 4273 BOCA POINTE DR  
CITY-ST-ZIP SARASOTA FL 34238

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
603 Sarasota Quay  
Sarasota, Florida 34236

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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TITLE  
NAME  
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*René A. Gareau*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 12/02*

Date

Daytime Phone #

CR2E034 (9/01)

FILED  
02 APR 15 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE