

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M67478

1. Entity Name
J.C. SASSER, INC.

Principal Place of Business
C/O JAMES C. SASSER
5888 53RD AVE E
BRADENTON FL 34203
US

Mailing Address
C/O JAMES C. SASSER
5888 53RD AVE E
BRADENTON FL 34203
US

2. Principal Place of Business
5888 53 AVE EAST
Suite, Apt. #, etc.
BRADENTON FL
City & State

3. Mailing Address
5888 53 AVE EAST
Suite, Apt. #, etc.
BRADENTON FL
City & State

Zip
34203
Country
US

Zip
34203
Country
US

4. FEI Number 65-0027233

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SASSER, JAMES C.
5888 53RD AVE EAST
BRADENTON FL 34203

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	SASSER, JAMES C.	
STREET ADDRESS	588 53RD AVE EAST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SASSER, CATHY E.	
STREET ADDRESS	5888 53RD AVE EAST	
CITY-ST-ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: James C Sasser James C SASSER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/01 941-739-8175
Date Daytime Phone #

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90092 022 ***150.00

C0006279



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)