

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 26, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # M80592**1. Entity Name  
**FLORIDA SABRE, INC.****Principal Place of Business**

108 SHEPARD RD N.W.

LAKE PLACID  
33852

FL

**Mailing Address**

1077 N. SHOTGUN CT

APACHE JCT  
85219

AZ

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****59-2901553**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****KRONENBACH, JUDITH L.**  
108 SHEPARD RD. N.W.LAKE PLACID  
33852

US

FL

**7. Name and Address of New Registered Agent**

Name

**KRONENBACH, JUDITH L.**

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

108 SHEPARD RD

City

LAKE PLACID

FL

Zip Code  
33852**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

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

(NOTE: Registered Agent signature required when reinstating)

**03/26/2001**

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | T                        | <input type="checkbox"/> Delete |
| NAME           | MAYES STANLEY            |                                 |
| STREET ADDRESS | 470 ROADRUNNER           |                                 |
| CITY-ST-ZIP    | APACHE JUNCTION AZ 85219 |                                 |
| TITLE          | ST                       | <input type="checkbox"/> Delete |
| NAME           | GIDELL THERESA           |                                 |
| STREET ADDRESS | 27248 ELENE MARIE        |                                 |
| CITY-ST-ZIP    | CHESTERFIELD FL 48051    |                                 |
| TITLE          | V                        | <input type="checkbox"/> Delete |
| NAME           | MAYES MICHAEL T          |                                 |
| STREET ADDRESS | 9494 OBSIDIAN COURT      |                                 |
| CITY-ST-ZIP    | GOLD CANYON AZ 85219     |                                 |
| TITLE          | D                        | <input type="checkbox"/> Delete |
| NAME           | KRONENBACH, JUDITH L.    |                                 |
| STREET ADDRESS | 108 SHEPARD RD N.W.      |                                 |
| CITY-ST-ZIP    | LAKE PLACID FL 33852     |                                 |
| 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"/> 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    |  |   |
| 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: JUDITH L. KRONENBACH**

D

**03/26/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)