

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M88109

1. Entity Name

SARAD, INC.

FILED
Aug 24, 2000 8:00 am
Secretary of State

08-24-2000 90033 014 ***550.00

Principal Place of Business

421 DRIPPING SPRINGS
 EDMOND OK 73034 8765
 US

Mailing Address

19 NORTH BROADWAY
 P.O. BOX 3456
 EDMOND OK 73083-3456
 US

A0074264



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-2905123

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DUNLAP, DANIEL
 3334 BLUEBERRY DR.
 LAKELAND FL 33811

7. Name and Address of New Registered Agent

Name

Dorothy Dunlap

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

421 Dripping Springs

City

Edmond

OK

Zip Code

73034

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

Dorothy Dunlap

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

(NOTE: Registered Agent signature required when reinstating)

August 21, 2000

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
 NAME MILLA, DIANE
 STREET ADDRESS 3334 BLUEBERRY DR.
 CITY-ST-ZIP LAKELAND FL

TITLE P ☐ Delete
 NAME DUNLAP, DANIEL DOROTHY DUNLAP
 STREET ADDRESS 3334 BLUEBERRY DR. 421 DRIPPING SPRINGS
 CITY-ST-ZIP LAKELAND FL EDMOND, OKLA 73034

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Dorothy Dunlap
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-21-00

Date

405-348-5102

Daytime Phone #

CR2E034 (5/00)