

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 05, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000001497**1. Entity Name  
SAPPHIRE HOLDINGS, INC.

## Principal Place of Business

5214 E. 131ST STREET

TAMPA  
33617

FL

## Mailing Address

5214 E. 131ST STREET

TAMPA  
33617

FL

## 2. Principal Place of Business

6710 DUNES LANE

## 3. Mailing Address

6710 DUNES LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

## City &amp; State

TEMPLE TERRACE

FL

## City &amp; State

TEMPLE TERRACE

FL

Zip  
33617

Country

Zip  
33617

Country

## 4. FEI Number

59-3616422

Applied For

Not Applicable

## 5. Certificate of Status Desired

☐**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

EDWARDS RONALD P  
5214 E. 131ST STREETTAMPA  
33617

FL

## 7. Name and Address of New Registered Agent

## Name

EDWARDS RONALD P

Street Address (P.O. Box Number is Not Acceptable)  
6710 DUNES LANECity  
TEMPLE TERRACE

FL

Zip Code  
33617

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 **RONALD EDWARDS**

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

(NOTE: Registered Agent signature required when reinstating)

01/05/2001

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

|                |                                 |
|----------------|---------------------------------|
| 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    |                                 |
| 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          | PRES                    | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME           | EDWARDS RONALD P        |                                 |  |
| STREET ADDRESS | 6710 DUNES LANE         |                                 |  |
| CITY-ST-ZIP    | TEMPLE TERRACE FL 33617 |                                 |  |
| 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: **RONALD EDWARDS**

PRES

01/05/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)