

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
 May 24, 2002 8:00 am
 Secretary of State

04-09-2002 91166 032 ***150.00

DOCUMENT # P00000006934

1. Entity Name
 SARAH DECARLO, INC.

Principal Place of Business
 401 SW 2ND ST
 OKEECHOBEE FL 34974

Mailing Address
 401 SW 2ND ST
 OKEECHOBEE FL 34974



DO NOT WRITE IN THIS SPACE

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

Suite, Apt. #, etc.

City & State

4. FEI Number **65-0970858** Applied For
 Not Applicable

Zip Country Zip Country

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

DECARLO, SARAH
 401 SW 2ND ST
 OKEECHOBEE FL 34974

KARI Reno HARVEY
 401 SW 2nd St.
 Okeechobee, FL
 34974

Name **KARI Reno HARVEY**
 Street Address (P.O. Box Number is Not Acceptable)
401 SW 2nd St.
Okeechobee, FL 34974
 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: Sarah Decarlo 2/20/02
Signature, typed or printed name of registered agent and title if applicable. (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.
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 NAME STREET ADDRESS CITY-ST-ZIP	DP DECARLO, SARAH 401 SW 2ND ST OKEECHOBEE FL 34974 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Kari Reno Harvey 401 SW 2nd St. Okeechobee, FL 34974 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 title empowered.

SIGNATURE: Sarah Decarlo 2/20/02 863-763-3221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)