

FILED  
Sep 22, 2002 8:00 am  
Secretary of State

09-22-2002 90058 041 \*\*\*558.75

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

873159

DOCUMENT # P00000008181

1. Entity Name

Jeffrey Sabo, Inc. ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2922 Nocturne Rd.

3. Mailing Address

2922 Nocturne Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Venice, FL.

City & State

Venice, FL.

4. FEI Number

65-0976900

Applied For

Not Applicable

Zip

34293

Country

United States

Zip

34293

Country

United States

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Rachel M. Sabo

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

2922 Nocturne Rd.

City

Venice

FL

Zip Code

34293

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

Rachel Sabo Rachel Sabo Secretary

9-19-2002

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.  
(See criteria on back)

X

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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 | NAME         | STREET ADDRESS    | CITY - ST - ZIP   |
|-------|--------------|-------------------|-------------------|
|       | D, C, P      |                   |                   |
|       | Jeffrey Sabo | 2922 Nocturne Rd. | Venice, FL. 34293 |
|       | S            |                   |                   |
|       | Rachel Sabo  | 2922 Nocturne Rd. | Venice, FL. 34293 |
|       |              |                   |                   |
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeff  
Sabo

9-19-2002 (941) 493-0380

Date

Daytime Phone #

CR2P034R (12/01)