2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2003 8:00 am
Secretary of State
01-28-2003 90084 020 ***150.00

DOCUMENT # P 00000008605

1. Entity Name

Sable Consultants Inc.

Principal Place of Business	Mailing Address
3828 Cocoplum Circle Coconut Creek, Fla 33063	3828 Cocoplum Circle coconut Creek, Fla 33063

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3828 Cocoplum Circle	3828 Cocoplum Circle
Suite, Apt #, etc	Suite, Apt #, etc
City & State: Coconut Creek, Fla	City & State: Coconut Creek, Fla
Zip: 33063 Country:	Zip: 33063 Country:

4. FEI Number 59-3640566 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Petrus Greeve
3828 Cocoplum Circle
Coconut Creek, Fla 33063

7. Name and Address of New Registered Agent

Name: Petrus Greeve
Street Address (P.O. Box Number is Not Acceptable): 3828 Cocoplum Circle
City: Coconut Creek, FL Zip Code 33063

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) 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, 2003 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	P Petrus Greeve 3828 Cocoplum Circle Coconut Creek, Fla 33063 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 like empowered

SIGNATURE: ______ 1/23/03 (954) 917-0458
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PETRUS GREEVE