

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000014521

1. Entity Name  
SAUNDERS, INC.

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**  
01-30-2001 90117 028 \*\*\*158.75

Principal Place of Business Mailing Address  
3706 W MCKAY AVE PO BOX 18405  
TAMPA FL 33609 TAMPA FL 33679-8405

3706 W. MCKAY AVE.

2. Principal Place of Business 3. Mailing Address  
~~CORPORATION IS INACTIVE AT THIS TIME~~

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State TAMPA FL P & State

Zip 33609 Country US Zip Country

4. FEI Number /INACTIVE Applied For Not Applicable

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

SAUNDERS, JOHN J  
4522 W AZEELE ST  
TAMPA FL 33609

Name  
Street Address (P.O. Box Number is Not Acceptable)  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SAUNDERS, JOHN J 4522 W AZEELE ST TAMPA FL 33609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: John J. Saunders PRESIDENT/JOHN J SAUNDERS 1/15/01 813-875-5806  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)