FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90355 043 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000036640

1. Entity Name

SAS SOLUTIONS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2515 GARDNER CT	2515 GARDNER CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA FL	City & State: TAMPA FL
Zip: 33611 Country: USA	Zip: 33611 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3651636 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: SNOWDEN, DAVID

Street Address (P.O. Box Number is Not Acceptable): 2515 GARDNER CT

City: TAMPA FL Zip Code: 33611

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) ☐

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	D
NAME	SNOWDEN, DAVID
STREET ADDRESS	2515 GARDNER CT
CITY-ST-ZIP	TAMPA FL 33611
TITLE	D
NAME	SNOWDEN, HELEN
STREET ADDRESS	2515 GARDNER CT
CITY-ST-ZIP	TAMPA FL 33611
TITLE	
NAME	
STREET ADDRESS	
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CR2E034B (12/01)

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: DAVID SNOWDEN 4/26/02 813-508-3267

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #