

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90164 007 ***150.00

DOCUMENT # P00000048088

1. Entity Name
SAUL PROPERTIES, INC.



Principal Place of Business
**9722 NORTHWEST 46 MANOR
CORAL SPRINGS FL 33076**

Mailing Address
**9722 NORTHWEST 46 MANOR
CORAL SPRINGS FL 33076**



2. Principal Place of Business

961 NW 31 AVE

Suite, Apt. #, etc.

City & State

Pompano, FL

Zip

33069

Country

U.S.A.

3. Mailing Address

961 NW 31 AVE

Suite, Apt. #, etc.

City & State

Pompano, FL

Zip

33069

Country

U.S.A.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1005130

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAUL, JOHN

10710 ELAND STREET

BOCA RATON FL 33428

7. Name and Address of New Registered Agent

Name

John Saul

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

10710 ELAND ST

City

Boca Raton

FL

Zip Code

33428

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/2/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SAUL, JOHN	
STREET ADDRESS	10710 ELAND STREET	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	SAUL, DANA	
STREET ADDRESS	10710 ELAND ST.	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 reports 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/03

Date

954-968-4121

Daytime Phone #

CR2E034 (10/02)