

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000052902**

1. Entity Name

**SAGE CORP. OF SARASOTA**

Principal Place of Business

Mailing Address

**825 WHITFIELD AVENUE  
SARASOTA FL 34243****825 WHITFIELD AVENUE  
SARASOTA FL 34243**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-101-3247**

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

**SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

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

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, 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	<b>PSTD MUSLAWSKI, GEORGE E 825 WHITFIELD AVENUE SARASOTA FL 34243</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**6/11/01**

Daytime Phone #

**941 38-8827**

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

**FILED  
Jun 29, 2001 8:00 am  
Secretary of State**

06-19-2001 90006 039 \*\*\*150.00

06-29-2001 90218 049 \*\*\*400.00

SAGE CORP, INC.  
825 WHITFIELD AVE.  
SARASOTA, FL 34243  
941-351-8821

Attachment



H0075452

Document# P00000052902

JUNE 11, 2001

TO: DEPARTMENT OF STATE  
ATTN: DIVISION OF CORPORATIONS

DEAR SIRs,

WHEN I FORMED SAGE CORP IN JUNE OF 2000 I MADE THE ASSUMPTION THAT OUR CORPORATE FEES WERE PAID FOR A PERIOD OF (1) YEAR. I KNOW NOW THAT MY ASSUMPTION WAS MISTAKEN. I AM SENDING THE \$150.00 FEE FOR RENEWAL OF MY CORPORATION AND ASK THAT BECAUSE WE ARE A NEW CORPORATION THAT YOU WAIVE THE LATE FEE FOR THIS ONE TIME. I WOULD APPRECIATE YOUR CONSIDERATION IN THIS MATTER AND WILL SUBMIT FUTURE FEES ON A TIMELY BASIS.

SINCERELY,

A handwritten signature in cursive script, appearing to read "George Muslawski".

GEORGE MUSLAWSKI  
PRESIDENT