

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90126 034 ***150.00

DOCUMENT # P00000061633

1. Entity Name
SEBAHAR CORP.

Principal Place of Business
**708 RAMSDELL STREET
 FIRCREST WA 98466**

Mailing Address
**708 RAMSDELL STREET
 FIRCREST WA 98466**

2. Principal Place of Business

**440 PHEASANT DR
 SARASOTA FL**

3. Mailing Address

**440 PHEASANT DR
 SARASOTA FL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country
USA

Zip

Country
USA

4. FEI Number

58-2554454

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

**SILBERSTEIN, DAVID M
 720 SOUTH ORANGE AVENUE
 SARASOTA FL 34236**

Name
Dr. Duane Sebahar

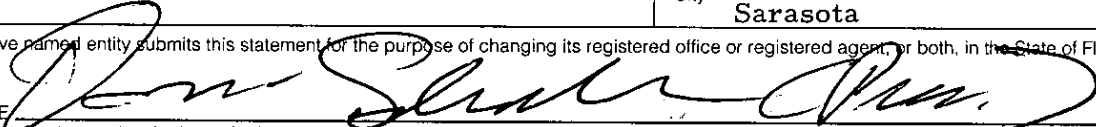
Street Address (P.O. Box Number is Not Acceptable)
440 Pheasant Drive

City
Sarasota

FL

Zip Code
34236

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  **2/1/01**

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 **D P S T** ☒ Delete
 NAME **Dr. Duane Sebahar**
 STREET ADDRESS **708 Ramsdell Street**
 CITY-ST-ZIP **Fircrest, WA 98466**

TITLE **DPST** ☒ Change ☐ Addition
 NAME **DR DUANE SEBAHAR**
 STREET ADDRESS **440 PHEASANT DR**
 CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Dr. Duane Sebahar, President

2/1/01

Date

(941) 366-6861

Daytime Phone #

CR2E034 (10/00)