## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P00000082067 **DOCUMENT #**

KE



**FILED** Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90147 031 \*\*\*150.00

Entity Name EENAN SARASOTA, INC.	000002007	
ncipal Place of Business 00 W COMMERCIAL BLVD SUITE 200	Mailing Address 1900 W COMMERCIAL BLVD SUI	TE 200

			Address Commercial blvd suite 200 NUDERDALE FL 33309			Liarnadi in arni dan arni a	Bija <b>co</b> ntu <b>j</b> a		110 <b>-</b> Anna (100)	
			ess							
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State City & State					4. FEIN	4. FEI Number 65-1040172 Appli				
Zip	Country	Zip	Cou	ntry	5. Certi	ificate of Status Desired		\$8.75 A		
	6. Name and Address of Current	Registered Agent		<del></del>	7. Name	e and Address of New F	Registered /	Fee Requi	red	
DOV# = 4	0011111			Name			registered r	geni		
	CONRAD J			Stroot Addre	(DO D- A)		<del>.</del>			
	T BROWARD BLVD SUITE 1950			Sueer Addre	iss (P.O. Box N	Number is Not Acceptable	e)			
	UDERDALE FL 33394									
wyr.				City				Zip Co	do.	
8. The above	a named entity submits this statement to	or the even and of the		<u> </u>			FL			
the obliga	e named entity submits this statement for tions of registered agent.	or the purpose of cha	nging its register	ed office or regi	stered agent, o	or both, in the State of Flo	orida. I am fa	amiliar with	, and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable	/NOTE: Pagistora	od Agost signatur						
	FILE NOW!!! FEE IS \$150.00		(NOTE: Hegistere	ed Agent signature requ	ulred when reinstatir	ng)	DATE			
Afte	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State			g	<ol><li>Election Campaign Fin Trust Fund Contribution</li></ol>	nancing		00 May Be d to Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIO	ONC/OUANIOEO TO OFF	loccio	<del></del>		
TITLE	D	☐ Del		=	ADDITIO	ONS/CHANGES TO OFF				
NAME	CHYNOWETH, DALE		NAM.					Change	☐ Addition	
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CITY-ST-ZIP	FORT LAUDERDALE FL 33309		CITY	-ST-ZIP						
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	TONT EXODERDALE PL 33309	<del></del>		-ST-ZIP						
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AME			NAME				L	"I Aliguiñe	L.J AUUIIIUII	
TREET ADDRESS				T ADDRESS						
			■ CITY-S	ST-ZIP						

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 changed, or on an attachment with an address, with all other like empowered.

GNATURE:

| Comparison of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the corporation or the receiver or trustee empowered by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

AME OF SIGNING OFFICER OR DIRECTOFAT . . . .

News/03