

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90922 003 ***150.00

DOCUMENT # P00000085493

1. Entity Name

SASCOM SYSTEMS, INC.

Principal Place of Business

**C/O THE BAMBOO DOJO
 2111 14TH AVE
 VERO BEACH FL 32960**

Mailing Address

**C/O THE BAMBOO DOJO
 2111 14TH AVE
 VERO BEACH FL 32960**

2. Principal Place of Business

8858 SOUTH US 1

3. Mailing Address

8858 SOUTH US 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ST LUCIE FL

City & State

PORT ST LUCIE FL

Zip

34952

Country

USA

Zip

34952

Country

USA

4. FEI Number

65 1074438

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LASASSO, FRANK
 2111 14TH AVE
 VERO BEACH FL 32960**

7. Name and Address of New Registered Agent

Name **LASASSO, FRANK**
 Street Address (P.O. Box Number is Not Acceptable)
1322 BRIARWOOD DR
 City **PORT ST LUCIE** FL **34986**

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

TITLE **P** ☐ Delete
 NAME **LASASSO, FRANK**
 STREET ADDRESS **2111 14TH AVE**
 CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **O/D** ☒ Change ☐ Addition
 NAME **LASASSO, FRANK**
 STREET ADDRESS **1322 BRIARWOOD DR**
 CITY-ST-ZIP **PORT ST LUCIE FL 34986**

TITLE **O/S IT** ☐ Change ☒ Addition
 NAME **REDFIELD, SCOTT**
 STREET ADDRESS **531 10TH PLACE**
 CITY-ST-ZIP **VERO BEACH FL 32960**

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

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

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

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

Date

Daytime Phone #

CR2E034 (10/00)