

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90409 023 ***158.75

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DOCUMENT # P00000085493

1. Entity Name
SASCOM SYSTEMS, INC.



Principal Place of Business

~~8850 SOUTH US 1~~
~~PORT SAINT LUCIE FL 34952~~

Mailing Address

~~8850 SOUTH US 1~~
~~PORT SAINT LUCIE FL 34952~~

2. Principal Place of Business

1732 94TH DRIVE

Suite, Apt. #, etc.

3. Mailing Address

1732 94TH DRIVE

Suite, Apt. #, etc.

☒ **CHECK HERE IF MAKING CHANGES**

City & State

VERO BEACH FL

City & State

VERO BEACH FL

4. FEI Number

65-1074438

Applied For

Not Applicable

Zip

Country

32966

Zip

Country

32966

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LASSASSO, FRANK
1322 BRIARWOOD DR
PORT SAINT LUCIE FL 34986

7. Name and Address of New Registered Agent

SCOTT REDFIELD

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

531 10TH PLACE

City VERO BEACH

FL

Zip Code

32960

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

Scott Redfield

SCOTT REDFIELD SEC

4-28-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP LASASSO, FRANK
1322 BRIARWOOD DR
PORT SAINT LUCIE FL 34986

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST REDFIELD, SCOTT
531 10TH PLACE
VERO BEACH FL 32960

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
LASSASSO FRANK
984 SE SWEET BAY AVE
PORT SAINT LUCIE FL 34986

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

SIGNATURE:

Scott Redfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SCOTT REDFIELD SEC 4-28-03

772-530-9277

CR2E034 (10/02)