

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000091168

1. Entity Name

SAH LAT ENTERPRISES FOR HIRE, INC.

Principal Place of Business

934 ROBALO DRIVE
FT MYERS FL 33919

Mailing Address

934 ROBALO DRIVE
FT MYERS FL 33919

2. Principal Place of Business

3465 Bonita Beach Road

3. Mailing Address

Suite, Apt. #, etc.
Unit 14

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

City & State

Zip

34134

Country

U.S.A.

Zip

Country

4. FEI Number

74-2973948

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRACE, WALTER JR
1467 SANDRA DRIVE
FT MYERS FL

7. Name and Address of New Registered Agent

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

TITLE DP
NAME SAHAYDAK, NOREEN M
STREET ADDRESS 20799 COUNTRY BARN ROAD
CITY-ST-ZIP ESTERO FL 33928 ☐ Delete

TITLE DV
NAME SAHAYDAK, RICHARD E
STREET ADDRESS 20799 COUNTRY BARN ROAD
CITY-ST-ZIP ESTERO FL 33928 ☐ Delete

TITLE DV
NAME LATHEROW, EARL H
STREET ADDRESS 934 ROBALO DRIVE
CITY-ST-ZIP FT MYERS FL 33919 ☐ Delete

TITLE DST
NAME LATHEROW, DREAMA L
STREET ADDRESS 934 ROBALO DRIVE
CITY-ST-ZIP FT MYERS FL 33919 ☐ Delete

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 ☐ 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

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.

Sec./Trea.

SIGNATURE:

Dreama L. Latherow Dreama L. Latherow

2-28-01

941-489-1119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

03-05-2001 90315 049 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)