

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90056 046 ***150.00

DOCUMENT # P00000091168

1. Entity Name
SAH LAT ENTERPRISES FOR HIRE, INC.



Principal Place of Business
**3465 BONITA BEACH ROAD
UNIT 14
BONITA SPRINGS FL 34134**

Mailing Address
**934 ROBALO DRIVE
FT MYERS FL 33919**

30000000



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

**GRACE, WALTER JR
1467 SANDRA DRIVE
FT MYERS FL**

Name **Dreama L. Latherow**

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

934 Robalo Drive

City

Ft. Myers,

FL

Zip Code

33919

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 **Dreama L. Latherow**

1-16-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dreama L. Latherow

1-16-03

239 - 489-1119

Date

Daytime Phone #

CR2E034 (10/02)