

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90004 009 ***550.00

DOCUMENT # P00000106481

1. Entity Name

SALES CONSULTANTS OF SARASOTA EAST, INC.

Principal Place of Business

**4857 THREE OAKS BLVD
 SARASOTA FL 34233**

Mailing Address

**4857 THREE OAKS BLVD
 SARASOTA FL 34233**

2. Principal Place of Business

5540 Bee Ridge Road

Suite, Apt. #, etc.

Suite F-3

City & State

Sarasota, FL

Zip

34233

Country

USA

3. Mailing Address

5540 Bee Ridge Rd.

Suite, Apt. #, etc.

Suite F-3

City & State

Sarasota, FL

Zip

34233

Country

USA

4. FEI Number

65-1063153

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DUMBAUGH, JOHN D
 1900 RINGLING BLVD
 SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name

Walter P. Colgan

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

5540 Bee Ridge Rd

Suite F-3

City

Sarasota

FL

Zip Code

34233

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

9/12/01

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **D** ☐ Delete
 NAME **COLGAN, WALTER P**
 STREET ADDRESS **4857 THREE OAKS BLVD**
 CITY-ST-ZIP **SARASOTA FL 34233**

TITLE **D** ☐ Delete
 NAME **COLGAN, CHARLENE A**
 STREET ADDRESS **4857 THREE OAKS BLVD**
 CITY-ST-ZIP **SARASOTA FL 34233**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

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

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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 of Walter P. Colgan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/12/01

941-371-9622

CR2E034 (5/01)