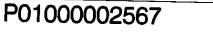
## 2003 FOR PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** 





Jan 13, 2003 8:00 am Secretary of State 1. Entity Name 01-13-2003 90841 009 \*\*\*150.00 S A S IMPORTS, INC. Principal Place of Business Mailing Address 3485 S US #1 PO BOX 12219 UNIT #5 STALL 6-17 FT PIERCE FL 34979-2219 FT PIERCE FL 34992 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-1071086 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired  $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAKER, JACK 8681 HIDDEN PINES ROAD Street Address (P.O. Box Number is Not Acceptable) FT PIERCE FL 34945 City 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. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP TITLE ☐ Defete TITLE Addition BAKER, JACK NAME NAME 8681 HIDDEN PINES ROAD STREET ADDRESS STREET ADDRESS FT PIERCE FL 34945 CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE - Delete. -TITLE NAME ☐ .Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Tille ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Detete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied vitir 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 supplementar 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 changed, or on an attackment with an experience of the supplementary 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 changed, or on an attackment with an experience of the supplementary 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 changed, or on an attackment with an experience of the supplementary report is supplementary report. 12. I hereby certify that the information supplied

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

CR2E034 (10/02)