

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90448 040 \*\*\*150.00

**DOCUMENT #** P01000012608

**1. Entity Name**  
SADDLE RIVER, INC.

**DO NOT WRITE IN THIS SPACE**

11001783

**2. Principal Place of Business** *FTPICKERS* **Mailing Address** *PO Box 36*  
~~707 ARIOLA DR 900 RD.~~ ~~707 ARIOLA DR~~  
**Suite, Apt. #, etc.** *UNIT 413* **Suite, Apt. #, etc.**  
*GULF BREEZE, FL*  
**City & State** *PENSACOLA BEACH FL* **City & State** *PENSACOLA BEACH FL*  
**Zip** *32561* **Country** *32562* **Country**

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**4. FEI Number** *59-3693557* **Applied For**  
☐ **Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**7. Name and Address of Current Registered Agent**  
**Name**  
*BASS & SANDFORT ACCOUNTANTS, PA*  
**Street Address (P.O. Box Number is Not Acceptable)**  
*1301 W GARDEN ST*  
**City** *PENSACOLA* **FL** **Zip Code** *32501*

**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**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<i>PSTD</i> <i>BELGER, TOM</i> <i>707 ARIOLA DR</i> <i>PENSACOLA BEACH FL 32561</i>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
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**DO NOT WRITE IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/19/03*

Date

Daytime Phone #

*858-916-0393*