

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

01-31-2002 90048 048 ***150.00

DOCUMENT # P01000015930

1. Entity Name

SADLON PROPERTIES INC.

Principal Place of Business

217 N. MISSOURI AVE
 CLEARWATER FL 33755

Mailing Address

217 N. MISSOURI AVE
 CLEARWATER FL 33755

2. Principal Place of Business

217 N. MISSOURI

Suite, Apt. #, etc.

3. Mailing Address

411 CLEVELAND ST

Suite, Apt. #, etc. # 110

City & State
 CLEARWATER FL

City & State
 CLEARWATER FL

Zip
 33755

Country
 USA

Zip
 33755

Country
 USA

4. FEI Number 59-3709391

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

WEIGAND, RICHARD
 217 N. MISSOURI AVE
 CLEARWATER FL 33755

Name NA

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 NA

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, 2002 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 PRESIDENT
 NAME RICHARD P WEIGAND
 STREET ADDRESS 411 CLEVELAND ST # 110
 CITY-ST-ZIP CLEARWATER, FL 33755

TITLE VICE PRESIDENT
 NAME MARK NICKELS
 STREET ADDRESS 411 CLEVELAND ST. # 110
 CITY-ST-ZIP CLEARWATER FL 33755

TITLE SECRETARY
 NAME JUDITH N. WEIGAND
 STREET ADDRESS 411 CLEVELAND ST # 110
 CITY-ST-ZIP CLEARWATER, FL 33755

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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 another like empowered.

SIGNATURE

SIGNATURE REQUIRED RICHARD WEIGAND

Date 3/1/02 Daytime Phone 461-0118

PRESIDENT

CR2E034 (9/01)