

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90047 021 ***150.00

DOCUMENT # P01000069161

1. Entity Name

SASCO INC., OF JACKSONVILLE

Principal Place of Business

**3949 CORDOVA ROAD
JACKSONVILLE FL 32207**

Mailing Address

**3949 CORDOVA ROAD
JACKSONVILLE FL 32207**

2. Principal Place of Business

**1525 University Blvd W.
Suite, Apt. #, etc.**

3. Mailing Address

**1525 University Blvd W.
Suite, Apt. #, etc.**

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3743032

Applied For

Not Applicable

Zip

Country

32217 Duval

Zip

Country

32217 Duval5. 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

SMITH, SHELLEY A**3949 CORDOVA ROAD
JACKSONVILLE FL 32207**

Name

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	President				
	Shelley A. Smith				
	3949 Cordova Ave				
	Jacksonville, FL 32207				

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:

Shelley A. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**2/13/02**
Date**904 733-3750**
Daytime Phone #

CR2E034 (9/01)