

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000091921**

1. Entity Name

SATORI DESIGNS

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4707 NW 119TH AVE

Suite, Apt. #, etc.

3. Mailing Address

4707 NW 119TH AVE

Suite, Apt. #, etc.

City & State
CORAL SPRINGS FL

City & State
CORAL SPRINGS FL

Zip
33076

Country

U.S.A.

Zip
33076

Country
U.S.A.

FEL Number

65-1138075

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **CAROL SHEPPARD**

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

4707 NW 119TH AVE

City **CORAL SPRINGS**

FL

Zip Code
33076

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IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PRESIDENT
CAROL N. SHEPPARD
4707 NW 119TH AVE
CORAL SPRINGS FL 33076**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VICE PRESIDENT
TODD SHEPPARD
4707 NW 119TH AVE
CORAL SPRINGS FL 33076**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CAROL SHEPPARD 10-2-02 934-605-0341

APPROVED
AND
FILED

02 OCT -7 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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******550.00 ****550.00**

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