

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01600093173

1. Entity Name

SAURIAN, INC.

FILED

02 OCT 15 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

201 N FRANKLIN ST

3. Mailing Address

201 N FRANKLIN ST

Suite, Apt. #, etc.

3400

Suite, Apt. #, etc.

3400

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33602

Country

Zip

33602

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

STEPHEN BARNES

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

201 N FRANKLIN ST

3400

City

TAMPA

FL

Zip Code

33602

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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 date if applicable.

(NOTE: Registered Agent signature required when rotating)

10/10/02

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-STATE-ZIP
PIZOS.
JASON WEST
10121 CAOS ST
PUM BCT GONS, FL 33418

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
V. PIZOS
STEVE BARNES
201 N FRANKLIN ST #3400
TAMPA FL 33602

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
SEC.
TADY 4705
10 BOX 2728
WINTER PARK, FL 32790

TITLE
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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)(f), 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

10/10/02

Date

Daytime Phone #

CR2E034B (12/01)

Abrahamson & Utterwyk

A Partnership of Professional Associations

Suite 3400, One Tampa City Center

201 N. Franklin Street

Tampa, Florida 33602

(813) 222-0500

Fax (813) 221-4738

WJZ

Hendrik Utterwyk, P.A.
Erik G. Abrahamson, P.A.
Stephen A. Barnes, P.A.

REPLY TO:
POST OFFICE BOX 433
TAMPA, FLORIDA 33601

George H. Brown
Dana Hoffman

October 10, 2002

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Attn: Uniform Business Reports

RE: Saurian, Inc.
Document #01000093173

Dear Sir/Madam:

Upon reviewing the corporate detail for Saurian, Inc. today I learned that the corporation was administratively dissolved on October 10, 2002 for failure to file an annual report. I never received a report from your office and request that the reinstatement fee be waived and the corporation be reinstated. Enclosed is the annual fee of \$150.00.

I would request that all future correspondences or requests from your office be addressed as follows:

Saurian, Inc.
Attn: Stephen Barnes
900 Platt Street, Ste. 100
Tampa, FL 33602

This will ensure the mailing gets to me. We have a large office with multiple employees. Unless my name appears on the letter or parcel I may not receive it.

Very truly yours,

Stephen A. Barnes

Stephen A. Barnes

<Signed in Mr. Barnes absence to avoid delay>

SAB/cmh
Enclosure

S:\Forms\Steve\Saurian, Inc\Division of Corp ltr.wpd