

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000093173

1. Entity Name
SAURIAN, INC.



FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90208 012 ***150.00

0451238
AV

Principal Place of Business Mailing Address
~~201 N FRANKLIN STREET STE 3400~~ ~~201 N FRANKLIN STREET STE 3400~~
~~TAMPA FL 33602~~ ~~TAMPA FL 33602~~
900 W. PLATT ST.
TAMPA, FL 33606

11033789



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number NOT APPLICABLE

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

BARNES, STEPHEN A

~~201 N FRANKLIN STREET STE 3400~~

~~TAMPA FL 33602~~

900 W. PLATT ST.

TAMPA, FL 33606

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. 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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME WEST, JASON F
STREET ADDRESS 10121 CAOBA ST
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE VP ☐ Delete
NAME BARNES, SEVE
STREET ADDRESS ~~201 N FRANKLIN STREET STE 3400~~ *900 W. PLATT ST.*
CITY-ST-ZIP ~~TAMPA FL 33602~~ *TAMPA, FL 33606*

TITLE S ☐ Delete
NAME YATES, TAD A
STREET ADDRESS PO BOX 2728
CITY-ST-ZIP WINTER PARK FL 32790

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address with another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03

Date

Daytime Phone #

CR2E034 (10/02)