

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

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90070 002 ***150.00

DOCUMENT # **P01000102790**

1. Entity Name

S&B PACIFIC, INC.

DO NOT WRITE IN THIS SPACE

659899

2. Principal Place of Business

14210 CYBER PL #304

Suite, Apt. #, etc.

#304

City & State

TAMPA, FL

Zip

33613

Country

USA

3. Mailing Address

14210 CYBER PL

Suite, Apt. #, etc.

#304

City & State

TAMPA, FL

Zip

33613

Country

USA

4. FEI Number

59-3757930

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75

Additional Fee Required

7. Name and Address of Current Registered Agent

Name

BUGRA GUZELCE

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

14210 CYBER PL #304

City

TAMPA

FL

Zip Code

33613

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
DP
BUGRA, GUZELCE
14210 CYBER PLACE #304
TAMPA, FL 33613

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DT
SERKAN DEGERLI
3609 DATA DR, APT 102
TAMPA, FL 33613

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SERKAN DEGERLI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SERKAN DEGERLI

4/29/02

Date

813-977-2775

Daytime Phone #

CR2E034B (12/01)