

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

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90096 008 ***150.00

DOCUMENT # **P01000105790**

1. Entity Name

Satori, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6959 Westchester Circ.

3. Mailing Address

PO Box 48864

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Bradenton FL

City & State
Sarasota FL

4. FEI Number

91-2167355

Applied For

Not Applicable

Zip
34202

Country
US

Zip
34230

Country
US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Don Harrell**

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

1776 Ringling Blvd.

City **Sarasota**

FL

Zip Code **34236**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
Carson D. Burke
6959 Westchester Circle
Bradenton, FL 34202**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Carson D. Burke
6959 Westchester Circle
Bradenton, FL 34202**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Secretary
Carson D. Burke
6959 Westchester Circle
Bradenton, FL 34202**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Treasurer
Carson D. Burke
6959 Westchester Circle
Bradenton, FL 34202**

TITLE
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CITY-ST-ZIP

TITLE
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STREET ADDRESS
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CR2E034B (12/02)

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

SIGNATURE: **Carson D. Burke**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-03 941-907-7043

Date

Daytime Phone #