2002 UNIFORM BUSINESS REPORT (UBR)

Mar 07, 2002 8:00 am Secretary of State DOCUMENT # P01000106263 1. Entity Name 03-07-2002 90002 004 ***158.75 S & B ENTERPRISES SARASOTA, INC. Principal Place of Business Mailing Address 6763 TIMBERLAND LANE 6763 TIMBERLAND LANE 411741 SARASOTA FL 34241 SARASOTA FL 34241 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3752891 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BOOM, OLIN Street Address (P.O. Box Number is Not Acceptable) 6763 TIMBERLAND LANE SARASOTA FL 34241 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS Delete ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PRES A TREAS Addition TITLE OLIN BOOM NAME NAME 6763 TIMBERLAND STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA. TITLE ☐ Change JITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME_ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

FILED