

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 29, 2002 8:00 am**  
**Secretary of State**

09-29-2002 90002 004 \*\*\*750.00

**DOCUMENT # P01000113951**

1. Entity Name  
**SAKE'S INC.**

Principal Place of Business  
**1702 W UNIVERSITY AVE**  
**GAINESVILLE FL 32603**

Mailing Address  
**1702 W UNIVERSITY AVE**  
**GAINESVILLE FL 32603**

2. Principal Place of Business

**1702 W. UNIVERSITY AVE**

3. Mailing Address

**1702 W. UNIVERSITY AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE I AND J**

**SUITE I AND J**

City & State

**GAINESVILLE, FL**

City & State

**GAINESVILLE, FL**

Zip

**32603**

Country

**USA**

Zip

**32603**

Country

**USA**

4. FEI Number

**59-3759444**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ESPANO, JOEL K**  
**1702 W UNIVERSITY AVE**  
**GAINESVILLE FL 32603**

7. Name and Address of New Registered Agent

Name

**ESPANO, JOEL K.**

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

**1702 W. UNIVERSITY AVE # I, J**

City

**GAINESVILLE**

FL

Zip Code

**32603**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **ESPANO, JOEL K**  
STREET ADDRESS **965 MOORES MILL ROAD**  
CITY-ST-ZIP **ATLANTA GA 30327**

TITLE **President** ☒ Change ☐ Addition  
NAME **ESPANO, JOEL K.**  
STREET ADDRESS **5224 SW 82ND TERRACE.**  
CITY-ST-ZIP **GAINESVILLE, FL 32**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**9/25/02**

**352-372-8214**

CR2E034 (4/02)