

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90353 033 ***150.00

DOCUMENT # P01000115886

1. Entity Name
SANCO, INC.



Principal Place of Business
3805 NE 7TH DRIVE
BOCA RATON FL 33431

Mailing Address
3805 NE 7TH DRIVE
BOCA RATON FL 33431

2. Principal Place of Business
3805 NE 7TH DR

3. Mailing Address
SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BOCA RATON

City & State
FL

4. FEI Number **65-6388422**

Applied For
Not Applicable

Zip
33431

Country

Zip
33431

Country

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

COURY, PATRICIA E CPA
3230 W COMMERCIAL BLVD SUITE 150
FT LAUDERDALE FL 33309

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 **D** ☐ **Delete**
NAME **THACHER, SALLY A**
STREET ADDRESS **3805 NE 7TH DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33431**

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

TITLE ☐ **Delete**
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CITY-ST-ZIP

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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 all other like empowered.

SIGNATURE:

Sally A Thacher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/03
Date

561-392-3654
Daytime Phone #

CR2E034 (10/02)