

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 30, 2003 8:00 am
Secretary of State

06-30-2003 90066 027 ***558.75

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1. Entity Name
SAGA I INC.

Principal Place of Business
**1006 BECK AVE.
PANAMA CITY FL 32401**

Mailing Address
**1006 BECK AVE.
PANAMA CITY FL 32401**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

010551759

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FEHRENBACH, ROBERTA A
1006 BECK AVE.
PANAMA CITY FL 32401**

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 _____ (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	
TITLE PRESIDENT	<input type="checkbox"/> Delete
NAME ROBERTA A. FEHRENBACH	
STREET ADDRESS 3803 W. 16th ST	
CITY-ST-ZIP PANAMA CITY, FL 32401	
TITLE VICE PRESIDENT	<input type="checkbox"/> Delete
NAME MARTIN A. KIDD	
STREET ADDRESS 729 BRANDEIS AV.	
CITY-ST-ZIP PANAMA CITY, FL 32405	
TITLE SECRETARY	<input type="checkbox"/> Delete
NAME ELIZABETH A. BRUHMULLER	
STREET ADDRESS 2159 BRIAWOOD CR.	
CITY-ST-ZIP PANAMA CITY, FL, 32405	
TITLE TREASURER	<input type="checkbox"/> Delete
NAME KATHRYN D. KIDD	
STREET ADDRESS 729 BRANDEIS AV.	
CITY-ST-ZIP PANAMA CITY, FL 32405	
TITLE DIRECTOR	<input type="checkbox"/> Delete
NAME ELLEN D. MAPELSOEN	
STREET ADDRESS 3803 W. 16th ST.	
CITY-ST-ZIP PANAMA CITY, FL 32401	
TITLE DIRECTOR	<input type="checkbox"/> Delete
NAME WILLIAM N. BRUHMULLER	
STREET ADDRESS 2159 BRIAWOOD CR.	
CITY-ST-ZIP PANAMA CITY, FL 32405	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOANNE A. TYRAN	
STREET ADDRESS 2508 W. 21st CRT	
CITY-ST-ZIP PANAMA CITY, FL 32405	
TITLE DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JUDITH E. LUNDMARK	
STREET ADDRESS 2508 W. 21st CRT	
CITY-ST-ZIP PANAMA CITY, FL 32405	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Roberta A. Fehrenbach* **ROBERTA A. FEHRENBACH** 6/6/03 (850) 769-3767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)