

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91416 007 ***150.00

DOCUMENT #

1. Entity Name P02000020429

TIME FOR CHANGE OF SARASOTA, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2984 Heather Bow

Suite, Apt. #, etc.

3. Mailing Address

2984 Heather Bow

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34235

Country

Zip

34235

Country

4. FEI Number

01-0619349

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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11040319

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Reise, Gary

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

2984 Heather Bow

City

Sarasota

FL

34235

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

D
Reise, Gary
2984 Heather Bow
Sarasota, FL 34235

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary Reise

4-24-03

Date

Daytime Phone #

CR2E034B (12/02)