

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90045 003 ***150.00

DOCUMENT # P02000047380

1. Entity Name
SARASOTA MAINTENANCE COMPANY, INC.



Principal Place of Business
4741 CAMPHOR AVENUE
SARASOTA FL 34231

Mailing Address
P.O. BOX 18365
SARASOTA FL 34276

2. Principal Place of Business

6340 YELLOW WOOD PL

3. Mailing Address

Suite, Apt. #, etc.
- NONE -

Suite, Apt. #, etc.

City & State
SARASOTA FLA

City & State

4. FEI Number
56-2284398

Applied For
Not Applicable

Zip
334241

Country
USA

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

PLATT, SHANE T
4741 CAMPHOR AVENUE
SARASOTA FL 34231

6340 YELLOW WOOD PL.
SARASOTA, FL 34241

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 Shane T Platt / PRES. / SHANE T PLATT / 4-1-03

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 ☐ Delete
NAME P
STREET ADDRESS PLATT, SHANE T
CITY-ST-ZIP 4741 CAMPHOR AVENUE
SARASOTA FL 34276

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: Shane T Platt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-03

Date

941-924-3620

Daytime Phone #

CR2E034 (10/02)