5/2/

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

05-02-2003 90085 041 ***150.00

		H PKUFII			
UNI	FORM	BUSINES	S REPO	RT (JBR
DOCUM	ÏENT#	P02000	049156	$\overline{}$	
1. Entity Name					

SARAMANA, INC. 55044196 Principal Place of Business 4910 147H ST W STE 308 Mailing Address 4910 14TH ST W STE 308 **BRADENTON FL 34207 BRADENTON FL 34207** 2. Principal Place of Business Mailing Address WYIYA 14th Street W Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Munata Mana Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILEY, RAYMOND H JR Street Address (P.O. Box Number is Not Acceptable) 4910 14TH ST W STE 308 **BRADENTON FL 34207** CHy Bradenton TO STEEDS FL 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 by printed name (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 president CR2E034 (10/02) TITLE ☐ Delete TITLE Change Addition NAME Maureen Hannor NAME 11417 4th Ave E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Bradenton FL ☐ Delete TITLE TITLE ☐ Chance □ Addition Raymond H Miley JR NAME NAME 10612 Winding Stream Way Bradanton FL 34212 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FL 3421 ☐ Delete TITLE TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70 Delete TITLE TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZtP 12. I hereby certify that the information supplied with this filling coes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I turther 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

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIS