

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90174 018 ***158.75

DOCUMENT # P02000049365

1. Entity Name
SAS 70 SOLUTIONS, INC.



Principal Place of Business
**CRITERION CENTRE SUITE #140
29605 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 33761**

Mailing Address
**CRITERION CENTRE SUITE #140
29605 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 33761**



2. Principal Place of Business

2202 N. West Shore Blvd.

3. Mailing Address

same

Suite, Apt. #, etc.

200-2031

Suite, Apt. #, etc.

same

City & State
TAMPA, Florida

City & State
same

Zip
33607

Country
USA

Zip
same

Country
same

4. FEI Number
731639753

Applied For
Not Applicable

5. Certificate of Status Desired **A** **\$8.75** Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GULECAS, JAMES F ESQ.
2555 ENTERPRISE ROAD
SUITE 15
CLEARWATER FL**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code **33763**

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

TITLE **D** ☐ Delete
NAME **PRICE, SCOTT G**
STREET ADDRESS **29605 U.S. HIGHWAY 19 NORTH SUITE #140**
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **D** ☐ Delete
NAME **SHELLMAN, CHRISTOPHER L**
STREET ADDRESS **29605 U.S. HIGHWAY 19 NORTH SUITE #140**
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **Price, Scott G**
STREET ADDRESS **2202 West Shore Blvd Suite 200-2031**
CITY-ST-ZIP **Tampa, FL 33607**

TITLE **Vice-President** ☒ Change ☐ Addition
NAME **Schellman, Christopher L.**
STREET ADDRESS **2202 Westshore Blvd Suite 200-2031**
CITY-ST-ZIP **Tampa, FL 33607**

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

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

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

TITLE ☐ Change ☐ 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: **Signature/Scott G Price**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/03

813-639-7560

Date

Daytime Phone #

CR2E034 (10/02)