

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

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90235 050 ***150.00

DOCUMENT # P03000052328

1. Entity Name

L P SAO & Co. INC



DO NOT WRITE IN THIS SPACE

94061401

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

535 US 41 By Pass North,

Suite, Apt. #, etc.
125

3. Mailing Address

Suite, Apt. #, etc.

City & State

Venice, FL

City & State

4. FEI Number

55-0832393

Applied For

Not Applicable

Zip

34292

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SAO, LP

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

535 US 41 By Pass North #125

City

Venice

FL

Zip Code

34292

**DO NOT WRITE
IN THIS SPACE**

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

**P/S/T
L.P. SAO
535 US 41 By Pass No. #125
Venice, FL 34292**

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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:

L.P. SAO - President

4/19/04

Date

Daytime Phone #

CR2E034B (12/02)