2001 UNIFORM BUSINESS REPORT (UBR)

Jun 04, 2001 8:00 am Secretary of State DOCUMENT # P93000009425 06-04-2001 90012 012 ***150.00 SEDGE ASSOCIATES, INC. Principal Place of Business Mailing Address 8011 LYNN AVE 8011 LYNN AVE TAMPA FL 33604 TAMPA FL 33604 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3172311 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BOGGS, DAVID Street Address (P.O. Box Number is Not Acceptable) 111 MADISON STREET TAMPA FL 33602 Zip Code City 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida. **SIGNATURE** signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) FILE NOW! | FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 20)1 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payal e to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PTD □ Change ☐ Addition Delete TITLE HOUTS, G E NAME NAME STREET ADDRESS 8011 LYNN AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33604** Addition ☐ Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

of the corporation of the receiver or trustee empowered to execute this report is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

(-, E, Hours 6/1/0/ 813-249-06)

13. Thereby 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 rily 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 is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

13 -249-066 / Daytime Phone #



June 1, 2001

Dear Sir/Madam:

Enclosed is a check for \$150.00 for my Uniform Business Report. I am late and recognize the penalty is \$400.00. This letter is an appeal for grace to waive this penalty. We have in the last six months undergone serious cash-flow problems in a recreational industry that has become particularly sensitive to our current economy. I am a one-man operation and rely on outside prompts to help me fulfill company obligations in a timely manner. Although Mr. David Boggs is the attorney of record as our registered agent, he had passed this responsibility on to Mr. Stephen Pankau in his office. Earlier this year, Mr. Pankau died of cancer and our report simply fell through the cracks. In 18 years of reporting for two different companies, I have never been late—until now. I earnestly appeal to you for a measure of grace to dismiss the penalty incurred for the filling of a document I discovered two days ago. If the enclosure of a check for \$150.00 appears presumptuous, I apologize. It was not intended to be so.

Your help in this matter would be greatly appreciated.

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