

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P93000052112 1. Corporation Name

SATHER ENTERPRISES, INC.

1999

Principal Place of Business

Mailing Address

## FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90025 007 \*\*\*150.00



101 SHEFFIELD CIRCLE W PALM HARBOR FL 34683 US		101 SHEFFIELD CIRCLE W PALM HARBOR FL 34683 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  07/19/1993			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For		pplied For
21		26			59-3229724		lot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				\$8.75	Additional
22		27			5.∻Certifcate of Status Desired □	Fee F	Required
City & State	e	City & State			6. Election Campaign Financing 55.00 May Be		
23		28			Trust Fund Contribution Added to Fees		
Zip			Country	C. This corporation of the control o			
24	25	29 30			Personal Property Tax.		
T.14	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Ag	jent	
			81	Name			į
SATHER, KATHERINE A			82	Stroot Add	drace (P.O. Boy Number is Not Acceptable)		
101 SHEFFIELD CIRCLE W			82	Street Add	Street Address (P.O. Box Number is Not Acceptable)		
PALM		83	-				
			<u> </u>				
			84	City	FI !	85   Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
	Signature, typed or printed name of registered agent a OFFICERS AND		13.	it signature requi	ADDITIONS/CHANGES TO OFFICERS AND		ORS IN 12
12.	DVPS OPPICERS AND	DELETE	1.1 TITLE	<del></del>		Change	
TITLE	<del>-</del> · · · -	C occess	1.2 NAME				_
NAME	SATHER, KATHERINE A						
STREET ADDRESS	101 SHEFFIELD CIRCLE W			T_ADDRESS			
CITY-ST-ZIP	PALM HARBOR FL		1.4 CITY- S	T-ZIP		Change	Addition
TITLE	_		2.1 TITLE		`.	Change	,
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NAME	The second of th	HE H	3.2 NAME	<del></del>		٠	
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CITY-ST-ZIP			5.4 CITY-S	iT-ZIP			
TITLÉ		☐ DELETE	6.1 TITLE	-		Change	Addition
			6.2 NAME			- •	{
NAME				TADDRESS			ļ
STREET ADDRESS							
CITY-ST-ZIP			6.4 CITY - S	11-21			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

727-786-8675