

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90120 004 ***150.00

DOCUMENT # P93000062521

1. Entity Name

S & M OF CITRUS COUNTY, INC.

Principal Place of Business

Mailing Address

**308 W HIGHLAND BLVD
INVERNESS FL 34452
US**

**308 W HIGHLAND AVE
INVERNESS FL 34452
US**

2. Principal Place of Business

93 HUNTING LODGE DR

3. Mailing Address

93 HUNTING LODGE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

INVERNESS FL

City & State

INVERNESS FL

Zip
34450

Country
US

Zip
34450

Country
US

4. FEI Number

59-3205419

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SAVAGE, KENNETH L
308 W HIGHLAND AVENUE
INVERNESS FL 34452**

7. Name and Address of New Registered Agent

Name

KENNETH L. SAVAGE

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

93 HUNTING LODGE DR

City

INVERNESS

FL

Zip Code
34450

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SAVAGE, KENNETH L**
STREET ADDRESS **308 W HIGHLAND AVENUE**
CITY-ST-ZIP **INVERNESS FL 34452**

TITLE **D** ☐ Delete
NAME **MARTIN, SHARON**
STREET ADDRESS **308 W HIGHLAND AVENUE**
CITY-ST-ZIP **INVERNESS FL 34452**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **SAVAGE, KENNETH L.**
STREET ADDRESS **93 HUNTING LODGE DR**
CITY-ST-ZIP **INVERNESS FL 34450**

TITLE **D** ☒ Change ☐ Addition
NAME **MARTIN, SHARON**
STREET ADDRESS **465 S CANADAY DR**
CITY-ST-ZIP **INVERNESS FL 34450**

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)