

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2002 8:00 am
Secretary of State

05-27-2002 90342 014 ***150.00

DOCUMENT # P93000064510

1. Entity Name

SABRINA AND COMPANY, INC.

Principal Place of Business

2539 US 27 SOUTH
SEBRING FL 33870

Mailing Address

2539 US 27 SOUTH
SEBRING FL 33870

36911



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0454547

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACBETH, JR
 2543 US 27 SOUTH
 SEBRING FL 33870

Name MILDRED J. SANDERS
 Street Address (P.O. Box Number is Not Acceptable)
 2539 US 27 So.

City SEBRING FL Zip Code 33870

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PST	SMITH, SEBRINA M	2539 US 27 S	SEBRING FL	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PRESIDENT	SMITH, SEBRINA M	2539 US 27 S	SEBRING, FL 33870	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VICE PRESIDENT	LEONARD C. SMITH III	2701 CHEYENNE RD	SEBRING, FL 33875	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2ND VICE PRESIDENT	VIRGINIA BENNETT	618 MAC LAKE	SEBRING, FL 33875	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SECRETARY	MILDRED J. SANDERS	4905 GARLAND AVE	SEBRING, FL 33875	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

4/30/02 863-382-6699
 Date Daytime Phone #

CR2E034 (9/01)