

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90095 031 ***150.00

DOCUMENT # P94000004025

1. Entity Name
SARO MANAGEMENT, INC.



Principal Place of Business
5802 LONGWOOD RUN BLVD
SARASOTA FL 34243
US

Mailing Address
5802 LONGWOOD RUN BLVD
SARASOTA FL 34243
US

2. Principal Place of Business

6960 Professional Parkway E

3. Mailing Address

6960 Professional Parkway E

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Sarasota FL

City & State

Sarasota FL

Zip

34244

Country

USA

Zip

34240

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

58-2100249

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MONVILLE, CAROL LYNN CPA
2300 BEE RIDGE ROAD
#12-B
SARASOTA FL 34239

7. Name and Address of New Registered Agent

Name

Kathy Herbst

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

6960 Professional Parkway E

City

Sarasota

FL

Zip Code

34240

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

Kathy Herbst

(NOTE: Registered Agent signature required when reinstating)

DATE

1-10-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

PT
KRAMER, ROBERT
5802 LONGWOOD RUN BLVD
SARASOTA FL 34243

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
WALD, LAURENCE I
54 RICHFIELD ST.
PLAINVILLE NY 11803

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-03

941-894-0033

Date

Daytime Phone #

CR2E034 (10/02)