

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90099 029 ***150.00

DOCUMENT # P94000012936

1. Entity Name

S.A.T.T., INC.

Principal Place of Business

Mailing Address

16913 LAKESIDE DR.

P.O. BOX 560009

FL 34756

MONTVERDE FL 34756-0009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SHEPARD, GERALD L
12935 C.R. 561A
CLERMONT FL 34711

4. FEI Number **59-3224992**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2000 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	<input type="checkbox"/> Delete
NAME	HARRISON, W. CURTIS	
STREET ADDRESS	675 LINDEN ST.	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRISON, RUTH P	
STREET ADDRESS	675 LINDEN ST.	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	P	<input type="checkbox"/> Delete
NAME	SHEPARD, GERALD L	
STREET ADDRESS	12935 C.R. 561A	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	V	<input type="checkbox"/> Delete
NAME	TWEED, KENNETH I	
STREET ADDRESS	38636 C.R. 439	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALDERMAN, WILLIAM P	
STREET ADDRESS	15328 SABLE AVE.	
CITY-ST-ZIP	GROVELAND FL 34736	
TITLE	T	<input type="checkbox"/> Delete
NAME	THOMPSON, CHERYL L	
STREET ADDRESS	300 W WASHINGTON ST	
CITY-ST-ZIP	MINNEOLA FL 34755	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (9/99)

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: *Cheryl L. Thompson* President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHERYL L. THOMPSON

2-15-00 407-469-3321

Date Daytime Phone #