

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90135 047 ***150.00

DOCUMENT # **P94000012936**

1. Entity Name
S.A.T.T., INC.



Principal Place of Business
**16913 LAKESIDE DR.
SUITE 12
MONTVERDE FL 34756**

Mailing Address
**P.O. BOX 560009
MONTVERDE FL 34756**

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**

7. Name and Address of New Registered Agent

Name **H. CURTIS HARRISON**
Street Address (P.O. Box Number is Not Acceptable)
675 LINDEN ST.
City **CLERMONT** FL Zip Code **34711**

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 **H. CURTIS HARRISON**

H. Curtis Harrison

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D HARRISON, W. CURTIS 675 LINDEN ST. CLERMONT FL 34711	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D HARRISON, RUTH P 675 LINDEN ST. CLERMONT FL 34711	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Delete	C SHEPARD, GERALD L 12935 C.R. 561A CLERMONT FL 34711	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	T/S H. CURTIS HARRISON 675 LINDEN ST. CLERMONT FL 34711
<input type="checkbox"/> Delete	V TWEED, KENNETH I 38636 C.R. 439 EUSTIS FL 32726	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Delete	S ALDERMAN, WILLIAM P 15328 SABLE AVE. GROVELAND FL 34736	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	P THOMPSON, CHERYL L 300 W WASHINGTON ST MINNEOLA FL 34755	<input type="checkbox"/> Change <input type="checkbox"/> 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: **CHERYL L. THOMPSON** *Cheryl L. Thompson* 2-20-03 407-469-3321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
President
Date Daytime Phone #

CR2E034 (10/02)