

2002 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Jun 23, 2002 8:00 am
Secretary of State

03-28-2002 90785 040 ***150.00

DOCUMENT # P94000013575

1. Entity Name
DOUBLE SAM, INC.

Principal Place of Business
**4853 SAN CLERC RD.
JACKSONVILLE FL 32217**

Mailing Address
**4853 SAN CLERC RD.
JACKSONVILLE FL 32217**

2. Principal Place of Business
**12907 Silver Oak Dr.
Suite, Apt. #, etc. N/A**

3. Mailing Address
**12907 Silver Oak Dr.
Suite, Apt. #, etc. N/A**

City & State
Jacksonville, FL
Zip
32223
Country
USA

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Jacksonville, FL
Zip
32223
Country
USA

4. FEI Number **59-3227291**
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SHEYN, SEMYON
4853 SAN CLERC RD.
JACKSONVILLE FL 32223**

7. Name and Address of New Registered Agent

Name **Kleberner, Samuel**
Street Address (P.O. Box Number is Not Acceptable)
12907 Silver Oak Dr.
City **Jacksonville** FL Zip Code **32227**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHEYN, SEMYON 4853 SAN CLERC RD. JACKSONVILLE FL 32223	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEBERNER, SAMUEL 12907 SILVER OAK DR. JACKSONVILLE FL	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

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

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

03-11-02

Date

(904) 224-5233

Daytime Phone #

CR2E034 (9/01)