

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90124 013 ***150.00

DOCUMENT # P94000013575

1. Entity Name
DOUBLE SAM, INC.



Principal Place of Business
**12907 SIZNER OAK DR.
JACKSONVILLE FL 32223**

Mailing Address
**12907 SIZNER OAK DR.
JACKSONVILLE FL 32223**

2. Principal Place of Business
12907 SILVER OAK DRIVE

3. Mailing Address
12907 SILVER OAK DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

4. FEI Number **59-3227291**

Applied For
Not Applicable

Zip Country
32223

Zip Country
32223

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

**KLEBENCE, SAMUEL
12907 SIZNER OAK DR.
JACKSONVILLE FL 32223**

Name **KLEBENER, SAMUEL**

Street Address (P.O. Box Number is Not Acceptable)
12907 SILVER OAK DRIVE

City **JACKSONVILLE** **FL** Zip Code **32223**

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 *S. Klebener* **SAMUEL KLEBENER**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

02-17-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VSD** ☐ Delete
NAME **SHTEYN, SEMYON**
STREET ADDRESS **4853 SAN CLERC RD.**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **PTD** ☐ Delete
NAME **KLEBERNER, SAMUEL**
STREET ADDRESS **12907 SILVER OAK DR.**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE **PTD** ☒ Change ☐ Addition
NAME **KLEBENER, SAMUEL**
STREET ADDRESS **12907 SILVER OAK DRIVE**
CITY-ST-ZIP **JACKSONVILLE, FL 32223**

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition
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STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ 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: *S. Klebener* **SAMUEL KLEBENER** **02-17-03** **(904)234-5233**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)