2001 UNIFORM BUSINESS REPORT (UBR)

·DOCUMENT # P94000065340

1. Entity Name

SAVICH REPORTING SERVICES, INC.

Principal Place of Business	Mailing Address
707 N FRANKLIN ST 8TH FLOOR TAMPA FL 33602 US	P. O. BOX 172418 TAMPA FL 33672-0418 US

749484

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
220 E madison St			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
Suite 1150			
City & State	City & State	4. FEI Number 59-3265580	Applied For / Not Applicable
Tampa, FL			
Zip 33602 Country USA	Zip Country	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
SAVICH, KATHY 707 N FRANKLIN ST 8TH FLOOR TAMPA FL 33602	Name **Savich, Kathy** Street Address (P.O. Box Number is Not Acceptable) **220 E MADISON ST** **SUITE 1150** City **TAMPA** Zip Code **33602**

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 _Kathy Savich, President_   _Kathy Savich President 3/6/01_

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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE **PD** NAME **SAVICH, KATHY** STREET ADDRESS **707 N FRANKLIN ST 8TH FLOOR** CITY-ST-ZIP **TAMPA FL 33602**	☐ Delete	TITLE _President_ NAME _Savich, Kathy_ STREET ADDRESS _220 E madison St, Suite 1150_ CITY-ST-ZIP _Tampa, FL 33602_	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: _Kathy Savich, President_ _Kathy Savich, President 3/6/01 (813) 223-3858_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Daytime Phone #