

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90085 042 ***158.75

DOCUMENT # P94000065340

1. Entity Name

SAVICH REPORTING SERVICES, INC.

Principal Place of Business

**220 E MADISON STREET
 STE 1150
 TAMPA FL 33602
 US**

Mailing Address

**P. O. BOX 172418
 TAMPA FL 33672-0418
 US**

2. Principal Place of Business

**220 Madison ST
 Suite, Apt. #, etc.
 Suite 1150**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3265580

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SAVICH, KATHY
 220 E MADISON STREET
 STE 1150
 TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name

SAVICH, KATHY

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

220 E MADISON STREET

SUITE 1150

City

TAMPA

FL

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

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 **PD** ☐ Delete
 NAME **SAVICH, KATHY**
 STREET ADDRESS **220 E MADISON STREET STE 1150**
 CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **SAVICH KATHY**
 STREET ADDRESS **220 East Madison St, Ste 1150**
 CITY-ST-ZIP **Tampa, FL 33602**

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

TITLE ☐ Change ☐ Addition
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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
SAVICH, KATHY, President 2-15-02
 Date **2-15-02**

CR2E034 (9/01)