

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90162 007 ***150.00

DOCUMENT # P94000088624

1. Entity Name

SARCON CORPORATION

Principal Place of Business

Mailing Address

STEVEN M. SAMAHA, ESQ
 NORTH FRANKLIN STREET, SUITE 2100
 TAMPA FL 33602

C/O STEVEN M. SAMAHA, ESQ
 201 NORTH FRANKLIN STREET, SUITE 2100
 TAMPA FL 33602-5167

c/o Steven M. Samaha, Esq.

c/o Steven M. Samaha, Esq.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

201 N. Franklin Street

3. Mailing Address

201 N. Franklin Street

Suite, Apt. #, etc.

Suite 2200

Suite, Apt. #, etc.

Suite 2200

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3288707

Applied For

Not Applicable

Zip

33602

Country

USA

Zip

33602

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WOLFE, RANDOLPH J
201 N. FRANKLIN ST.
SUITE 2100
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name **Randolph J. Wolfe**
 Street Address (P.O. Box Number is Not Acceptable)
201 N. Franklin St.
Suite 2200
 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, 2000 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	DPST	<input type="checkbox"/> Delete
NAME	SISKIND, ROBERT G	
STREET ADDRESS	STE 303, 252 PALL MALL ST	
CITY-ST-ZIP	LONDON, ONTARIO N6A- 5P6	
TITLE	V	<input type="checkbox"/> Delete
NAME	SAMAH, STEVEN M	
STREET ADDRESS	201 N. FRANKLIN ST, STE. 2100	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MAPES, REED	
STREET ADDRESS	252 PALL MALL STREET, #303	
CITY-ST-ZIP	LONDON, ONTARIO, CANADA N6A- 5P6	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steven M. Samaha	
STREET ADDRESS	201 N. Franklin St., Suite 2200	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rochelle M. Siskind	
STREET ADDRESS	252 Pall Mall Street #303	
CITY-ST-ZIP	London, Ontario N6A-5P6	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Robert G. Siskind

Robert G. Siskind

April 24, 2000

(519) 672-1585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)