2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 05, 2001 8:00 am Secretary of State DOCUMENT # P94000088624 SARCON CORPORATION 03-05-2001 90069 024 ***150.00 Principal Place of Business Mailing Address C/O STEVEN M. SAMAHA, ESQ C/O STEVEN M. SAMAHA. ESQ 201 NORTH FRANKLIN STREET, SUITE 2200 201 NORTH FRANKLIN STREET, SUITE 2200 LITERANA TAMPA FL 33602 TAMPA FL 33602 2. Principal Place of Business 3. Mailing Address c/o Larry Geimer c/o Larry Geimer Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 890-1515 Ringling Blvd. 890-1515 Ringling Blvd. City & State City & State 4. FEI Number Applied For 59-3288707 Not Applicable Sarasota FL <u>Sarasota FL</u> Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 34236 Fee Required USA 34236 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Geimer, Larry WOLFE, RANDOLPH J Street Address (P.O. Box Number is Not Acceptable) 201 N. FRANKLIN STREET, SUITE 2200 890-1515 Ringling Blvd. **TAMPA FL 33602** Sarasota 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 regist (NOYE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Change ☐ Addition CR2E034 (10/00) ☐ Delete SISKIND, ROBERT G NAME NAME STE 303, 252 PALL MALL ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONDON, ONTARIO N6A-5P6 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SAMAHA, STEVEN M NAME NAME 201 N FRANKLIN STREET, SUITE 2200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33602** CITY-\$T-ZIP DP ☐ Delete Change Addition TITLE TITLE SISKIND. ROCHELLE M NAME NAME STREET ADDRESS 252 PALL MALL STREET, #303 STREET ADDRESS CITY-ST-ZIP LONDON, ONTARIO, CANADA N6A--P6 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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 NA

Robert Siskind

SIGNING OFFICER OR DIRECTOR

February 22, 2001

(519) 672-1585