

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**  
03-05-2001 90069 024 \*\*\*150.00

1. Entity Name  
**SARCON CORPORATION**

03-05-2001 90069 024 \*\*\*150.00

Mailing Address  
C/O STEVEN M. SAMAHA, ESQ  
201 NORTH FRANKLIN STREET, SUITE 2200  
TAMPA FL 33602

3. Mailing Address
c/o Larry Geimer
Suite, Apt. #, etc.
890-1515 Ringling Blvd.

Sarasota FL	
Zip	Country
34236	USA

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name	Geimer, Larry
Street Address (P.O. Box Number is Not Acceptable)	890-1515 Ringling Blvd.

City	FL	Zip Code
Sarasota		34236

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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NAME \_\_\_\_\_ ☐ Change ☐ Addition


NAME	
STREET ADDRESS	

STREET ADDRESS  
CITY, ST. ZIP

CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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:**  Robert Siskind February 22, 2001 (519) 672-1585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #

CR2E034 (10/00)