

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State
 04-22-2002 90273 010 ***150.00

0447208 AV

DOCUMENT # P95000000138

1. Entity Name

SAYKO CORPORATION

Principal Place of Business

**5565 64TH WAY NORTH
 STE G
 SAINT PETERSBURG FL 33709
 US**

Mailing Address

**5565 64TH WAY NORTH
 STE G
 SAINT PETERSBURG FL 33709
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0552557

Applied For

Not Applicable

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

**SAYCE, RUSSELL D
 4001 13TH LANE NE.
 SAINT PETERSBURG FL 33703**

Name

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

City

FL

Zip Code

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

4-11-02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **SAYCE, RUSSEL**
 STREET ADDRESS **4001 13TH LANE NE**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33703**

TITLE **VD** ☐ Change ☒ Addition
 NAME **Byrne, Peter T.**
 STREET ADDRESS **433 San Salvador Drive**
 CITY-ST-ZIP **Dunedin, FL 34698**

TITLE **STD** ☒ Delete
 NAME **SNODGRASS, DAVID M**
 STREET ADDRESS **1236 JACKSON ST NORTH**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33705**

TITLE **SD** ☐ Change ☒ Addition
 NAME **Smithwick, Rachel L.**
 STREET ADDRESS **6801 32nd Street North**
 CITY-ST-ZIP **St. Petersburg, FL 33702**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-02

Date

727 423 7256

Daytime Phone #

CR2E034 (9/01)