

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90213 004 ***150.00

DOCUMENT # P95000029727

1. Entity Name

SPHINX INVESTMENTS OF SARASOTA, INC.

Principal Place of Business	Mailing Address
1600 TAMIA MI TRAIL #102 PORT CHARLOTTE, FL 33948	1600 TAMIA MI TRAIL #102 PORT CHARLOTTE, FL 33948

2. Principal Place of Business	3. Mailing Address
	3565 MISTLETOE LANE

Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
	LONGBOAT KEY, FL

4. FEI Number	Applied For
65-0653181	Not Applicable

Zip	Country	Zip	Country
34228	USA		

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

BRIGGS, DAVID BARRY
 1600 TAMIA MI TRAIL, #102
 PORT CHARLOTTE, FL 33948

Name	
Street Address (P.O. Box Number is Not Acceptable)	3565 MISTLETOE LANE
City	FL
Zip Code	34228

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, 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**

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BRIGGS, DAVID BARRY	
STREET ADDRESS	1600 TAMIA MI TRAIL, #102	
CITY - ST - ZIP	PORT CHARLOTTE, FL 33948	

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
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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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3565 MISTLETOE LANE	
CITY - ST - ZIP	LONGBOAT KEY, FL 34228	

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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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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)(f), 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:

DAVID BARRY BRIGGS

Date

Daytime Phone