

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91287 037 ***150.00

DOCUMENT # P95000042125

1. Entity Name

SAVER Products Inc.

Principal Place of Business Mailing Address

18610 FORT SMITH CIRCLE
 PORT CHARLOTTE, FL 33948

A0067714

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 18610 FORT SMITH CR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 PORT CHARLOTTE, FL

City & State

4. FEI Number
 65-0586266

Applied For
 Not Applicable

Zip
 33980

Country
 USA

Zip

Country

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

VARRICHIONE, ANDREW W.
 18610 FORT SMITH CIRCLE
 PORT CHARLOTTE, FL 33948

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

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 D ☐ Delete
 NAME VARRICHIONE, ANDREW W.
 STREET ADDRESS 18610 FORT SMITH CIRCLE
 CITY - ST - ZIP PORT CHARLOTTE, FL 33948

TITLE ☐ Delete
 NAME
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 CITY - ST - ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ 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: Andrew W. Varrichione **ANDREW W. VARRICHIONE** 04/27/01 941-391-1792
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #