

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000062113

1. Entity Name
SAS MARKETING INC

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90004 037 ***150.00

Principal Place of Business
**1408 S.W. SANTA BARBARA PL
CAPE CORAL FL 33991
US**

Mailing Address
**P.O. BOX 150756
CAPE CORAL FL 33915-0756**

2. Principal Place of Business
A/S ABOVE

3. Mailing Address
PO BOX 150756

Suite, Apt. #, etc.
CAPE CORAL

City & State
FL 33915-0756



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0736524** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent
**WADE, BRYAN
1408 S.W. SANTA BARBARA PL
CAPE CORAL FL 33991**

7. Name and Address of New Registered Agent
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 **B Wade** DATE **23 Feb 2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS WADE, BRYAN 1408 SW SANTA BARBARA PL CAPE CORAL FL 33991	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: **B Wade** DATE **23 - Feb 2001** DAYTIME PHONE # **941-458-9816**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)