

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90064 044 ***150.00

DOCUMENT # **Sawgrass Lakes Inc**
1. Entity Name **795000066543**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **298 SW Panther Trace**
Suite, Apt. #, etc.

3. Mailing Address **298 SW Panther Trace**
Suite, Apt. #, etc.

City & State **Port St Lucie Fla**
Zip **34953** Country **USA**

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4. FEI Number **59-3331122**
Applied For ☐ Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name **Steven L. Perry**
Street Address (P.O. Box Number is Not Acceptable) **2400 SE Federal Hwy**
Fourth floor
City **Stuart, Florida FL** Zip Code **34994**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	President Bret Soverel 298 SW Panther Trace Port St Lucie FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Bret Soverel 298 SW Panther Trace Port St Lucie FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Bret Soverel 298 SW Panther Trace Port St Lucie FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Bret Soverel 298 SW Panther Trace Port St Lucie FL 34953

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Bret Soverel, President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 **561-814-1080**
Date Daytime Phone #

CR2E034B (12/01)