

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000080689

1. Entity Name

SARDONYX ENTERPRISES, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90115 041 ***158.75

Principal Place of Business

Mailing Address

2728 SE 16TH PLACE
CAPE CORAL FL 33924
US

P.O. BOX 10805
PITTSBURGH PA 15236-0805
US

2. Principal Place of Business

3. Mailing Address

311 CASTLE SHANNON BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pittsburgh, PA

Zip

Country

Zip

Country

15234

USA

4. FEI Number

65-0615170

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

MILLER, ERIC C
1520-360 ROYAL PALM SQUARE BLVD.
FORT MYERS FL

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, 2000 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 D ☐ Delete
NAME LOHR, ROBERT
STREET ADDRESS 448 OLD CLAIRTON ROAD
CITY-ST-ZIP PITTSBURG PA 15025

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 311 Castle Shannon Blvd
CITY-ST-ZIP Pittsburgh, PA 15234

TITLE D ☐ Delete
NAME MILLER, ERIC C
STREET ADDRESS 1520-360 ROYAL PALM SQUARE BLVD.
CITY-ST-ZIP FORT MYERS FL 33919

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Delete
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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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/00

412-341-4500

CR2E034 (9/99)