

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90434 029 ***150.00

DOCUMENT # *P96000038338*

1. Entity Name

The Sara Denton Umbrella Company ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

820 43rd St W

3. Mailing Address

820 43rd St W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton FL

City & State

Bradenton FL

Zip

34209

Country

U.S.A.

Zip

34209

Country

U.S.A.

4. FEI Number

65-0675947

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Schermer, Robert C.

Street Address (P.O. Box Number is Not Acceptable)

1301 6th Ave W. Ste 400

City

Bradenton

FL

Zip Code

34205

**DO NOT WRITE
IN THIS SPACE**

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 UBR 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 \$81.25
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	<i>D</i>
NAME	<i>Stowe, Rayma</i>
STREET ADDRESS	<i>6218 Cortez Rd. W.</i>
CITY-ST-ZIP	<i>Bradenton FL 34210</i>
TITLE	<i>P</i>
NAME	<i>Stowe, Rayma</i>
STREET ADDRESS	<i>6218 Cortez rd. W.</i>
CITY-ST-ZIP	<i>Bradenton FL 34210</i>
TITLE	
NAME	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Rayma Stowe RAYMA STOWE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-02

Date

941-744-2489

Daytime Phone #