

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000044583

1. Entity Name

S. AND B. MARKETING OF SARASOTA, INC.

FILED

May 23, 2000 8:00 am
Secretary of State

05-23-2000 90222 049 ***150.00

Principal Place of Business

Mailing Address

201 N. FRANKLIN STREET #2100
C/O STEVEN M. S
TAMPA FL 33602

201 N. FRANKLIN STREET #2100
TAMPA FL 33602-5167

c/o Steven M. Samaha, Esq. c/o Steven M. Samaha, Esq.

2. Principal Place of Business

201 N. Franklin St.

3. Mailing Address

201 N. Franklin St.

Suite, Apt. #, etc.

22nd Floor

Suite, Apt. #, etc.

22nd Floor

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33602

Country

USA

Zip

33602

Country

USA

4. FEI Number

65-0678866

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

WOLFE, RANDOLPH J
201 N. FRANKLIN STREET #2100
TAMPA FL 33602

Name
Randolph J. Wolfe

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

201 N. Franklin St.

22nd Floor

City

Tampa

FL

Zip Code

33602

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	DPST	<input type="checkbox"/> Delete
NAME	WHEALY, THOMAS	
STREET ADDRESS	252 PALL MALL ST STE 303	
CITY-ST-ZIP	LONDON ONTARIO N6A5PG CANAD	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.

SIGNATURE:

Signature of Thomas C. Whealy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 2000

(519) 672-1585

Date

Daytime Phone #

CR2E034 (9/99)