2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P96000050104

1. Entity Name

SARNO INDUSTRIES, INC.



FILED Apr 09, 2003 8:00 am Secretary of State
04-09-2003 90192 001 ***150.00

usiness 2174 f Business		34.74							
f Business	1096 NO U.S HWY #1								
	3. Mailing Address				# 1001/1001 ICE 19710 BYLL BOLY OBYLL 90	IFI do ful u lili		jaili biai tobi	
	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
	City & State			4. 1	FEI Number 59-3383318	4	_	oplied For	
Country	Zip Cour		stry	5. (Certificate of Status Desired		3.75 Add	ditional	
6. Name and Address of Current Registered Agent				~7,-1	Name and Address of New Regis	stered Age	ent _		
Tip May			Name					<u> </u>	
	Street Address			s (P.O. B	(P.O. Box Number is Not Acceptable)				
S. HIGHWAY 1.3 H FL 32174									
			City			FL	•		
d entity submits this statement for registered agent.	r the purpose of changing	its registere	ed office or regis	stered ag	ent, or both, in the State of Florida	, I am fam	iliar with,	and accept	
<u> </u>									
e, typed or printed name of registered agent	and titte if applicable. (N	IOTE: Registered	d Agent signature requ	ired when re	einstating)	DATE			
OW!!! FEE IS \$150.00 1, 2003 Fee will be \$550.00 ble to Florida Department of	State				Election Campaign Financ Trust Fund Contribution.	ing		0 May Be I to Fees	
		I 11		۸۵	DITIONS (CHANCES TO OFFICE	3C 4NIO DI	DECTOR	C IN 44	
OF TOLINO AND			: -	MU	OTHORS/CHANGES TO OFFICE		_	☐ Addition	
GALLUZZO, DOMINICK 1096 NORTH U.S. HIGHWAY 1			E ET ADDRESS			_	J Griange	Addition	
OND BEROITTE GETT	∩ ∩olete] Change	☐ Addition	
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		STREE	ET ADDRESS						
	□ Delete	NAME STREE	ET ADDRESS				Change	Addition	
	☐ Delete	NAME Stree	:				Change	☐ Addition	
	Name and Address of Current MINICK S. HIGHWAY 1: H FL 32174 I entity submits this statement for registered agent. DW!!! FEE IS \$150.00 I, 2003 Fee will be \$550.00 Die to Florida Department of OFFICERS AND UZZO, DOMINICK	Name and Address of Current Registered Agent MINICK S. HIGHWAY 1: H FL 32174 If entity submits this statement for the purpose of changing registered agent. In the purpose of changing registered agent and title if applicable. In the purpose of changing registered agent and title if applicable. In the purpose of changing registered agent and title if applicable. In the purpose of changing registered agent and title if applicable. In the purpose of changing registered agent and title if applicable. In the purpose of changing registered agent and title if applicable. In the purpose of changing registered agent and title if applicable. In the purpose of changing registered agent and title if applicable. In the purpose of changing registered agent and title if applicable. 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In the purpose of changing registered agent and title if applicable. In the purpose of changing registered agent and title if applicable. In the purpose of changing registered agent and title if applicable. In the purpose of changing registered agent and title if applicable	Name and Address of Current Registered Agent MINICK S. HIGHWAY 1: H FL 32174 If entity submits this statement for the purpose of changing its registered registered agent. In typed or printed name of registered agent and title if applicable. In typed or printed name of registered agent and title if applicable. In typed or printed name of registered agent and title if applicable. In typed or printed name of registered agent and title if applicable. In typed or printed name of registered agent and title if applicable. In typed or printed name of registered agent and title if applicable. In typed or printed name of registered agent and title if applicable. 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In pred or printed name of registered agent and title if applicable. In pred or printed name of registered agent and title if applicable. In pred or printed name of registered agent and title if applicable. In pred or printed Agent signature registered	Name and Address of Current Registered Agent Name Name Street Address (P.O. E Street Address (P.O. E Street Address (P.O. E City City City I entity submits this statement for the purpose of changing its registered office or registered agent registered agent and title if applicable (NOTE: Registered Agent agnature required when re DW!!! FEE IS \$150.00 I, 2003 Fee will be \$55.00 ble to Florida Department of State OFFICERS AND DIRECTORS ITILE NAME STREET ADDRESS CITY-ST-2IP Delete TITLE NAME	Country Country Zip Country 5. Certificate of Status Desired	Country Country Step Country 5. Carrificate of Status Desired \$\frac{{\frac{\$\frac{{\frac{\$\frac{{\frac{\$\frac{{\frac{\$\frac{{\frac{\$\frac{{\frac}}}}}}}} \} \} \} \} \} \} \} \} \} \} \	Country Country Zip Country S. Cartificate of Status Desired \$8.75 Adr. Fee Require \$8.75 Adr. Fee Require	

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

386-677-7070