FILED 2002 UNIFORM BUSINESS REPORT (UBR) Sep 17, 2002 8:00 am Secretary of State P96000072097 DOCUMENT # 1. Entity Name 09-17-2002 90090 024 ***150.00 SASSY TWO, INC. Mailing Address Principal Place of Business 2441 NW 43RD STREET 2441 NW 43RD STREET SUITE 21 SUITE 21 GAINESVILLE FL 32606 **GAINESVILLE FL 32606** 3. Mailing Address 2. Principal Place of Business 1300 Third St South 1300 Thura St South DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 202 A.B 202 A:B City & State Napies 4. FEI Number Applied For City & State 59-3398287 Not Applicable Ncip les Country \$8.75 Additional 5. Certificate of Status Desired LISA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Tamara Theoharis THEOHARIS, TAMARA -> (Same name) Street Address (P.O. Box Number is Not Acceptable) 4010 NW 67TH PLACE 2205 Arielle Dr # 1304 GAINESVILLE FL 32653 City Ncupies , FL 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. I am familiar with, and accept the obligations of registered agent. 9/13/02 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. \Box Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (4/02) Addition Change **PSD** ☐ Delete TITLE PSD TamaraTheoharis 2205 Arielle Dr #1304 THEOHARIS, TAMARA NAME NAME 4010 NW 67TH PLACE GAINESVILLE EL 32653 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Naples, FL 34109 CITY-ST-ZIP Delete Change ☐ Addition TITLE TD TITLE NAME 2205 Arielle Pr # 1304 NAME THEOHARIS, RICK STREET ADDRESS STREET ADDRESS 4010 NWXXTH PLACE CITY-ST-ZIP GAINESVILLE FL 32653 CITY-ST-7IF ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

CHIMIONUMEQUIRED

☐ Delete

9/13/02 (941) 598-3960

☐ Change

☐ Addition

attachment

#P96000072097 12577

Dear Sir;

Enclosed please find my Uniform Business Report and a check for \$150.00. This is the first time that I have seen this report all year. I apologize for any Inconvenience. Though you for you time: consideration.

> Sincerely, Tammy beohaus

PS: If you have any questions or concerns please feel free to contact me: my phone # is (941)598-3960