

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90372 042 ***150.00

DOCUMENT # P96000089107

1. Entity Name
THE SUARD'S CORPORATION



Principal Place of Business
15 HYPOLITA ST
ST AUGUSTINE FL 32084

Mailing Address
325 MINORCA AVE
ST AUGUSTINE FL 32080

2. Principal Place of Business
325 MINORCA AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
St. Augustine FL

City & State

4. FEI Number **59-3469407**

Applied For
Not Applicable

Zip **32080** **Country** **USA**

Zip **Country**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUARD, ETIENNE
325 MINORCA AVE
ST AUGUSTINE FL 32080

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ **Delete**
NAME **SUARD, ETIENNE**
STREET ADDRESS **325 MINORCA AVE**
CITY-ST-ZIP **ST AUGUSTINE FL 32080**

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

TITLE **VT** ☐ **Delete**
NAME **SUARD, ADI**
STREET ADDRESS **325 MINORCA AVE**
CITY-ST-ZIP **ST AUGUSTINE FL 32080**

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-03

904 829 9345

Date

Daytime Phone #

CR2E034 (10/02)