

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90673 046 \*\*\*158.75

0369346 AV

**DOCUMENT # P96000093753**  
 1. Entity Name  
**THREE SAMS, INC.**

Principal Place of Business      Mailing Address  
**205 SW 1ST ST.**                      **P.O. DRAWER 730**  
**BELLE GLADE FL 33430**              **BELLE GLADE FL 33430**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                      City & State  
 Zip                      Country                      Zip                      Country

4. FEI Number      Applied For  
**65-0715720**                      Not Applicable  
 5. Certificate of Status Desired            **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**NOWICKI, MARK J**  
**14155 US HWY. 1, STE. 302**  
**JUNO BEACH FL 33408**

**7. Name and Address of New Registered Agent**  
 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.  
 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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**

TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>KNIGHT, S.N. JR.</b>	
STREET ADDRESS	<b>205 SW 1ST ST.</b>	
CITY-ST-ZIP	<b>BELLE GLADE FL 33430</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> Delete
NAME	<b>HODGE, SHERYL K</b>	
STREET ADDRESS	<b>205 SW 1ST ST.</b>	
CITY-ST-ZIP	<b>BELLE GLADE FL 33430</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>KNIGHT, STEPHEN S</b>	
STREET ADDRESS	<b>205 SW 1ST ST.</b>	
CITY-ST-ZIP	<b>BELLE GLADE FL 33430</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMS, STEVEN L</b>	
STREET ADDRESS	<b>205 SW 1ST ST.</b>	
CITY-ST-ZIP	<b>BELLE GLADE FL 33430</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** **Steven L. Williams**      561-996-6262  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CFR2E034 (9/01)