

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000102821

1. Entity Name

SALES MASTERS INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90042 038 ***150.00

Principal Place of Business

Mailing Address

11399 SEAGRASS CIR
BOCA RATON FL 33498
US

11399 SEAGRASS CIR
BOCA RATON FL 33498-4920
US

2. Principal Place of Business

13757 Huntwick Dr
Suite, Apt. #, etc.

3. Mailing Address

13757 Huntwick Dr
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
ORLANDO FL

City & State
ORLANDO FL

4. FEI Number 65-0721843

Applied For
Not Applicable

Zip 32837 Country USA

Zip 32837 Country WA

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

SABIN, JULIE M
11399 SEAGRASS CIR
BOCA RATON FL 33498

Name Donna Zu Murray Brainerd

Street Address (P.O. Box Number is Not Accepted)
13757 Huntwick Dr

City ORLANDO FL Zip Code 32837

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 D ☐ Delete
NAME MURRAY, DONNA Z U
STREET ADDRESS 13757 HUNTWICK DR
CITY-ST-ZIP ORLANDO FL 32837

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

TITLE D ☒ Delete
NAME SABIN, JULIE M
STREET ADDRESS 11399 SEAGRASS CIR
CITY-ST-ZIP BOCA RATON FL 33498

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

TITLE ☐ Delete
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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:

Donna Zu Murray Brainerd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00
Date

407-438-8664
Daytime Phone #

CR2E034 (9/99)