## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 08, 2002 8:00 am Secretary of State DOCUMENT # P97000005496 1. Entity Name 05-08-2002 90139 016 \*\*\*158.75 Sawyer Estates, Inc. Mailing Address Principal Place of Business 5505 N ATLANTIC AVE 5505 N ATLANTIC AVE 115 115 COCOA BEACH FL 32931 COCOA BEACH FL 32931 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3418718 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MC PHILLIPS, JACQUELINE Street Address (P.O. Box Number is Not Acceptable) 5505 N ATLANTIC AVE 115 COCOA BEACH FL 32931 City 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 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE ☐ Delete ☐ Addition MAME MCPHILLIPS, MICHAEL STREET ADDRESS 5505 N ATLANTIC AVE #115 STREET ADDRESS CITY-ST-ZIP COCOA BEACH FL 32931 CITY-ST-ZiP TITLE DVST ☐ Delete TITLE ☐ Change Addition MCPHILLIPS, JACQUELINE NAME STREET ADDRESS STREET ADDRESS 5505 N ATLANTIC AVE #115 CITY-ST-ZIP CITY-ST-ZIP COCOA BEACH FL 32931 ☐ Delete TITLE ☐ Change Addition NAME COLVARD, ALISON NAME STREET ADDRESS 5505 N ATLANTIC AVE #115 STREET ADDRESS CITY-ST-7IP COCOA BEACH FL 32931 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME HARDING, NEAL NAME STREET ADDRESS 5505 N ATLANTIC AVE #115 STREET ADDRESS CITY - ST-ZIP COCOA BEACH FL 32931 CITY-ST-712 TITLE D۷ Delete TITLE Change Addition NAME KINCAID, JAMES NAME STREET ADDRESS 5505 N ATLANTIC AVE #115 STREET ADDRESS CITY-ST-ZIP COCOA BEACH FL 32931 COY-ST-7IP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP

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 enhowered. SIGNATURE: Caro

4/26/02

**FILED**