

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000019854

1. Entity Name

STAIRCRAFT OF SARASOTA, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90035 044 ***150.00

Principal Place of Business

5311 FOX RUN RD
SARASOTA FL 34209

Mailing Address

5311 FOX RUN RD
SARASOTA FL 34231-7315

2. Principal Place of Business

4233 Clark Road, Unit 22
Suite, Apt. #, etc.

3. Mailing Address

4233 Clark Road, Unit 22
Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

65-0733599

Applied For

Not Applicable

Zip

34233-2440

Country

United States

Zip

34233-2440

Country

United States

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SWENSEN, LEONARD
5311 FOX RUN RD
SARASOTA FL 34209

7. Name and Address of New Registered Agent

(Kim Swensen)
Street Address (P.O. Box Number is Not Acceptable)
4233 Clark Road, Unit 22

City

Sarasota

FL

Zip Code

34233

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

Kim Swensen, VP and Owner

4/25/00

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SWENSEN, LEONARD S 5311 FOX RUN RD SARASOTA FL 34231	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SWENSEN, KIM 5311 FOX RUN RD SARASOTA FL 34231	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SWENSEN, MARSHA 5311 FOX RUN RD SARASOTA FL 34231	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DARR, JOHN 5375 RIO VISTA ST SARASOTA FL 34232	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Kim Swensen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

941-923-2529

Daytime Phone #