

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90327 027 ***150.00

DOCUMENT # P97000068575 ✓
1. Entity Name
SARA OF BONITA, INC.
DBA: the MOTHER LOAD

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
27996 OLD 41 RD.
Suite, Apt. #, etc.
City & State
BONITA SPRINGS, FL.
Zip 34135 Country USA

3. Mailing Address
← SAME
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
593463654 Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
MURIEL SWIHURA
Street Address (P.O. Box Number is Not Acceptable)
10718 RED CARDINAL CIRCLE
City ESTERO **FL** **Zip Code** 33928

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 _____ (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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<u>PRESIDENT</u> <u>CHRIS SWIHURA</u> <u>5698 ESTERO BLVD, FT. MYERS BCH.</u> <u>FL. 33932</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>CEO</u> <u>MURIEL SWIHURA</u> <u>10718 RED CARDINAL CIRCLE</u> <u>ESTERO, FL. 33928</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Chris Swihura (CHRIS SWIHURA) **Date** 5-17-02 **Daytime Phone #** (941) 948-1177

CR2004B (12/01)