

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000078660

1. Entity Name  
T.H. SADLER ENTERPRISES, INC.

**FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**

04-09-2001 90066 001 \*\*\*150.00

Principal Place of Business  
7257 NW 4TH BLVD  
SUITE 309  
GAINESVILLE FL 32607

Mailing Address  
7257 NW 4TH BLVD  
SUITE 309  
GAINESVILLE FL 32607  
US

00043330



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0780533

Applied For

Not Applicable

Zip

Country

Zip

Country

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

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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: [Signature] (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, 2001 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: PSTD  
NAME: SADLER, TIMOTHY H  
STREET ADDRESS: 502 NW 75TH ST, STE 9  
CITY-ST-ZIP: GAINESVILLE FL 32607  
*Change Address*

TITLE: PRES, S T O  
NAME: TIMOTHY SADLER  
STREET ADDRESS: 7257 NW 4TH BLVD, STE 309  
CITY-ST-ZIP: GAINESVILLE, FL 32607  
☒ Change ☐ Addition

TITLE: V  
NAME: SADLER, WILLIAM K  
STREET ADDRESS: 502 NW 75TH ST, STE 9  
CITY-ST-ZIP: GAINESVILLE FL 32607  
*Change Address*

TITLE: V  
NAME: WILLIAM K. SADLER  
STREET ADDRESS: 7257 NW 4TH BLVD, STE 309  
CITY-ST-ZIP: GAINESVILLE, FL 32607  
☒ Change ☐ Addition

TITLE: [Blank]  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY-ST-ZIP: [Blank]  
☐ Delete

TITLE: [Blank]  
NAME: [Blank]  
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☐ Change ☐ Addition

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NAME: [Blank]  
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TITLE: [Blank]  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY-ST-ZIP: [Blank]  
☐ Change ☐ 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: [Signature] WILLIAM K SADLER 4/6/01 352-538564  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)