

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2001 8:00 am
Secretary of State
 03-23-2001 90004 048 ***150.00

DOCUMENT # P97000092393

1. Entity Name
SARASOTA POINSETTIA, INC.

Principal Place of Business Mailing Address
1715 MERRILL ST. 236 S. WASHINGTON DRIVE
SARASOTA FL 34237 SARASOTA FL 34236
US US

2. Principal Place of Business Suite, Apt. #, etc.
Same

3. Mailing Address Suite, Apt. #, etc.
Same

City & State Zip Country
 City & State Zip Country

4. FEI Number **65-0800065** Applied For
 Not Applicable

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

SABA, RICHARD D
2033 MAIN STREET, STE. 303
SARASOTA FL 34237

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (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 **D** ☐ Delete
 NAME **CARLSTROM, EDWARD F**
 STREET ADDRESS **236 WASHINGTON DR.**
 CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **VP** ☐ Change ☒ Addition
 NAME **CARLSTROM, EDDIE A.**
 STREET ADDRESS **236 S. WASHINGTON DR.**
 CITY-ST-ZIP **SARASOTA, FL. 34236**

TITLE **VP** ☒ Delete
 NAME **CARLSTROM, IRASEMA**
 STREET ADDRESS **236 WASHINGTON DRIVE**
 CITY-ST-ZIP **SARASOTA FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Edward F. Carlstrom* **Edward F. CARLSTROM** **3-20-01** **941-388-4408**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)