

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91896 031 ***150.00

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DOCUMENT # P97000094372

1. Entity Name
SAWGRASS TRADING COMPANY, INC.



Principal Place of Business
**575 SAWGRASS CORPORATE PARKWAY
SUNRISE FL 33325**

Mailing Address
**575 SAWGRASS CORPORATE PARKWAY
SUNRISE FL 33325**



2. Principal Place of Business

2955 W Corporate Lakes Blvd

3. Mailing Address

2955 W Corporate Lakes Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 600

Suite 600

City & State

City & State

Weston FL

Weston FL

Zip

Country

Zip

Country

33331 USA

USA

33331 USA

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0794814**

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

DAPRIZIO, JEFF

**575 SAWGRASS CORPORATE PARKWAY
SUNRISE FL 33325**

Name

Daprizio Jeff

Street Address (P.O. Box Number is Not Acceptable)

**2955 W. Corporate Lakes Blvd
Suite 600**

City

Weston

FL

Zip Code

33331

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	DAPRIZIO, JEFF	
STREET ADDRESS	13963 SW 44 STREET	
CITY-ST-ZIP	DAVE FL 33330	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)