FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAR 20 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000106346

1. Entity Name

Sawgrass Lakes of Palm Bay, Inc.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 01-03

2. Principal Place of Business	3. Mailing Address
298 SW Panther Trace	298 SW Panther Trace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port St. Lucie, FL	City & State: Port St. Lucie, FL
Zip: 34953 Country: USA	Zip: 34953 Country: USA

4. FEI Number: 65-0800085 ☐ 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: Steven L. Perry

Street Address (P.O. Box Number is Not Acceptable): 2400 SE Federal Highway

Fourth Floor

City: Stuart FL Zip Code: 34994

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: PRESIDENT 3-3-03

Signature, typed or printed name of registered agent and title if applicable. (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	President
NAME	Bret Soverel
STREET ADDRESS	298 SW Panther Trace
CITY-ST-ZIP	Port St. Lucie, FL 34953
TITLE	Vice President
NAME	Bret Soverel
STREET ADDRESS	298 SW Panther Trace
CITY-ST-ZIP	Port St. Lucie, FL 34953
TITLE	Secretary
NAME	Bret Soverel
STREET ADDRESS	298 SW Panther Trace
CITY-ST-ZIP	Port St. Lucie, FL 34953
TITLE	Treasurer
NAME	Bret Soverel
STREET ADDRESS	298 SW Panther Trace
CITY-ST-ZIP	Port St. Lucie, FL 34953
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

05/15/01 90015 005 $61.25

500013145875
02/26/03--01069--007 **900.00

DO NOT WRITE IN THIS SPACE

500013145875
03/20/03--01006--029 **88.75

CR2E034B (12/01)

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: Bret Soverel 2/24/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #