

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 14, 2001 8:00 am
Secretary of State

06-14-2001 90011 037 ***550.00

DOCUMENT # P98000003826

1. Entity Name

SAROYA, INC.

Principal Place of Business

Mailing Address

**1744 S WOODLAND BLVD
 DELAND FL 32720
 US**

~~**162 SHOREWOOD DR
 TAVARES FL 32770**~~

2. Principal Place of Business

3. Mailing Address

1820 Turnbull Lakes

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

New Smyrna Beach

4. FEI Number **59-3487234**

Applied For

Not Applicable

Zip

Country

Zip

Country

32168 USA

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

ADAMS, ELROY D

~~**162 SHOREWOOD DR
 TAVARES FL 32778**~~

Name

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

1820 Turnbull Lakes Wk

New Smyrna Beach FL 32168

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

SARA Adams SARA Adams 6/6/01

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 **PD** ☐ Delete
 NAME **ADAMS, ELROY D**
 STREET ADDRESS **162 SHOREWOOD DR**
 CITY-ST-ZIP **TAVARES FL 32770**

TITLE ☒ Change ☐ Addition
 NAME **1820 Turnbull Lakes Wk**
 STREET ADDRESS **New Smyrna Beach, FL 32168**
 CITY-ST-ZIP **32168**

TITLE **TSD** ☐ Delete
 NAME **ADAMS, SARA E**
 STREET ADDRESS **162 SHOREWOOD DR**
 CITY-ST-ZIP **TAVARES FL 32770**

TITLE ☒ Change ☐ Addition
 NAME **↑ Same ↑**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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: SARA Adams SARA Adams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**904-734-9177
 6-6-01**