

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90240 007 ***150.00

DOCUMENT # **P980000004048**

1. Entity Name

SAILNDOC, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

600 N. PINE ISLAND RD.

Suite, Apt. #, etc.

SUITE 450

City & State

PLANTATION, FL

Zip

33324

Country

USA

BROWARD

3. Mailing Address

600 N. PINE ISLAND RD.

Suite, Apt. #, etc.

SUITE 450

City & State

PLANTATION, FL.

Zip

33324

Country

USA

BROWARD

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0826514

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DR. STEVE KRINGOLD

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

9998 SEACREST CIRCLE B

City

BOYNTON BEACH, FL

Zip Code

33437

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

DR. STEVE KRINGOLD

DR. STEVE KRINGOLD

4-22-02

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) ☐

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE

PRESIDENT

NAME

DR. STEVEN KRINGOLD

STREET ADDRESS

9998 SEACREST CIRCLE B

CITY - ST - ZIP

BOYNTON BEACH, FL 33437

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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IN THIS SPACE

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.

DR. STEVE KRINGOLD **DR. STEVE KRINGOLD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-02

Date

305-666-0050

Daytime Phone #

CR2E034B (12/01)