

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91327 032 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 998000007093 ✓
1. Entity Name
COMBS ENTERPRISES OF SARASOTA, INC.

668166

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4961 BUCHANAN PLACE
Suite, Apt. #, etc.

3. Mailing Address
4961 BUCHANAN PLACE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SARASOTA, FL

City & State
SARASOTA, FL

4. FEI Number
65-0806181

Applied For
Not Applicable

Zip
34231

Country
US

City
34231

Country

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
MCGINNESS, W. LEE

Street Address (P.O. Box Number is Not Acceptable)
1800 SECOND STREET

SUITE 971

City
SARASOTA, FL

FL 34236

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 too if applicable.

(If LLC, Registered Agent signature required when reappointing)

MAIL

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 \$250.00
Amended UBR is \$61.38
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
P
SNYDER, GARY LEE
4961 BUCHANAN PLACE
SARASOTA, FL 34231

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VP
BUTLER, STEVEN
3107 LOCKWOOD TERR
SARASOTA, FL 34231

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
ST
GIRES, TED
PO BOX 18902
SARASOTA, FL 34276

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
ST
SNYDER, ANNETTE
4961 BUCHANAN PLACE
SARASOTA, FL 34231

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
ST
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4961 BUCHANAN PLACE
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CITY- ST- ZIP

**DO NOT WRITE
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)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

4-30-02 941921-1478

CR120348 (12/01)