

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000007932

1. Entity Name  
**SANI-SLEEVE, INC.**

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90077 020 \*\*\*150.00

Principal Place of Business  
**2210 SE 17TH ST., SUITE 300  
OCALA FL 34471**

Mailing Address  
**2210 SE 17TH ST., SUITE 300  
OCALA FL 34471-9144**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 6315**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**OCALA, FL**

Zip

Country

Zip

Country

**34478**

**USA**

4. FEI Number

**APPLIED FOR**  
**59-3598640**

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

**CLARK, DAVID**  
**2210 SE 17TH ST., SUITE 300**  
**OCALA FL 34471**

Name

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

**59-3598640**

City

**L**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.

SIGNATURE

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D</b>			
	<b>CLARK, DAVID</b>			
	<b>P. O. BOX 6315</b>			
	<b>OCALA FL 34478</b>			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/00**

Date

**352-351-5088**

Daytime Phone #

CR2E034 (9/99)