2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State
02-06-2001 90237 004 ***150.00

DOCUMENT # P98000008665

1. Entity Name
SIDE EFFECTS OF GAINESVILLE, INC.

Principal Place of Business	Mailing Address
6908 SW 183 PLACE MICANOPY FL 32664	6908 SW 183 PLACE MICANOPY FL 32664

2. Principal Place of Business
1220 W University Ave
Suite, Apt. #, etc.

City & State
Gainesville, FL
Zip 32607   Country Alachua

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip 32601   Country

4. FEI Number 65-0809493   Applied For [X] Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

City ___ FL   Zip Code

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

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSTD NAME RABA, HOLLY C STREET ADDRESS 6908 SW 183 PLACE CITY-ST-ZIP MICANOPY FL 32664	[X] Delete	TITLE VP,S,T,D NAME James Saraiva STREET ADDRESS 22800 NW 91ct Rd CITY-ST-ZIP Micanopy, FL 32667	☐ Change [X] Addition
TITLE STD NAME SARAIVA, NICOLE STREET ADDRESS 6908 SW 183 PLACE CITY-ST-ZIP MICANOPY FL 32664	☐ Delete	TITLE P,D NAME Nicole Saraiva STREET ADDRESS 22800 NW 91ct Rd CITY-ST-ZIP Micanopy, FL 32667	[X] Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: _James Saraiva_   1/31/01   352-338-9998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #