

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000039812

1. Entity Name

SADLON & ASSOCIATES, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90035 027 ***150.00

Principal Place of Business

Mailing Address

910 JASMINE DR
 DELRAY BCH FL 33483

910 JASMINE DR
 DELRAY BCH FL 33483-4794

2. Principal Place of Business

100 East Linton Blvd.

3. Mailing Address

100 East Linton Blvd.

Suite, Apt. #, etc.

Suite 127 B

Suite, Apt. #, etc.

Suite 127 B

City & State

Delray Beach, FL

City & State

Delray Beach, FL

Zip

33483

Country

USA

Zip

33483

Country

USA

4. FEI Number

65-0830979

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

SADLON, ELIZABETH
 910 JASMINE DR
 DELRAY BCH FL 33483

Name

Elizabeth Sadlon

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

100 East Linton Blvd, Suite 127 B

City

Delray Beach

FL

Zip Code

33483

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

Elizabeth Sadlon

3/30/00

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 DP ☐ Delete
 NAME SADLON, ELIZABETH
 STREET ADDRESS 910 JASMINE DR
 CITY-ST-ZIP DELRAY BCH FL 33483

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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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:

Elizabeth Sadlon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/2000

Date

561-266-2757

Daytime Phone #

CR2E034 (9/99)