2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Apr 14, 2003 8:00 am Secretary of State DOCUMENT # P98000062877 04-14-2003 90733 034 \*\*\*150.00 1. Entity Name SARÁTOGA CREATIONS, INC. Principal Place of Business Mailing Address NO. 51 PINEHURST COURT NO. 51 PINEHURST COURT ROTUNDA, FL 33947 ROTUNDA, FL 33947 2. Principal Place of Business 3. Mailing Address DAVID A. DUNKIN, P.A Suite, Apt. #, etc. Sulty OAW Est Dearborn Street CHECK HERE IF MAKING CHANGES Englewood, Florida 34223 City & State City & State Applied For 4. FEI Number 65-0860812 Not Applicable Zip Country Zìo Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUNKIN, DAVID A 170 WEST DEARBORN STREET Street Address (P.O. Box Number is Not Acceptable) ENGLEWOOD, FL 34223-3290 CIN Zip Code a. 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or primed name of registered agent and title if applicable FILE NOW!! FEE IS \$450.00. 7 After May 1, 2003 Fee will be \$550.00. Make Check Payable to Fjorida Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ţO. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE The late (X) Change Addition CR2E034 (10/02) Sitter, Lowell F. No. 51 PinehurstyC Rotonda West, FL 33947 SITTER, LOWELL F MALLE NAME NO. 51 PINEHURST COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZP ROTUNDA, FL 33947 CITY-ST-ZiP TITLE Delete TITLE X Addition ☐ Change Řavmond Bair NAME MARK STREET ADDRESS STREET ADDRESS P.O. Box 601 CITY-ST-ZP CITY-ST-2IP ake Placid, 33862 TITLE TOLE Delete ☐ Change Addition MALE NAME Doug Sitter STREET ADDRESS STREET ADDRESS 23080 Turnbull CITY-ST-ZIP CITY-ST-2IP Port\_Charlotte FL33954 ☐ Delete TITLE ☐ Change Addition NAME MAUS STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-51-7/P TITLE ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CRY-ST-71P TITLE ☐ Delete TITLE Change ☐ Addition NA LIF NAMÉ STREET ADDRESS STREET ANNUESS CITY-ST-ZIP CITY-ST-2IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3XI). 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

941-698-0008