## **2002 UNIFORM BUSINESS REPORT (UBR)**

## P98000069042 DOCUMENT # 1. Entity Name SIDNAL, INC. Principal Place of Business Mailing Address

**FILED** May 19, 2002 8:00 am Secretary of State

05-19-2002 90186 006 \*\*\*150.00

1144 SERPENTINE DR. SOUTH ST. PETERSBURG FL 33705-6120			1144 SERPENTINE DR. SOUTH ST. PETERSBURG FL 33705-6120				1 <del>188</del> 1/1 <b>88</b> 7 jir (rijat 1871) 88/17	3121 <b>88</b> 211 <b>88</b> 111	i anina nahih aara	<b>6</b> 7378    180	
2. Principal Place of Business 4175 EAST BAY DRIVE			3. Mailing Address P.O. BOX 20007								
Suite, Apt. #, etc. SUITE 246			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State CLEARWATER, FL			City & State ST. PETERSBURG, FL			4.	FEI Number 59-3527364		<del></del>	applied For	
Zip - 33764			Zip Coun -33702-0007 Coun		ntry JSA	5.			<b>\$8.75</b> Ac	8.75 Additional	
	6. Name	and Address of Current R				7.	Name and Address of New I	Registered	·		
LANDIS	ROBERT R				Name						
•	RPENTINE D	r. South	Street Address			Idress (P.O. I	(P.O. Box Number is Not Acceptable)				
ST. PETE	rsburg fl	. 33705-6120									
					City	-		FL	Zip Cod	de	
8. The above	named entity	submits this statement for t	he purpose of changing its r	egister	ed office or	registered ag	gent, or both, in the State of Fl	orida.			
SIGNATURE	Signature, typed o	or printed name of registered agent and	d title if applicable. (NOTE:	Registere	d Agent signatur	e required when r	reinstating)	DATE			
Tax filing i		ble to satisfy its Intangible and elects to do so.	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta			50.00	10. Election Campaign Fil Trust Fund Contribution		\$5.0 Adde	00 May Be d to Fees	
11.	···	OFFICERS AND D	RECTORS	12.		ΑC	DDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	RS IN 11	
STREET ADDRESS CITY-ST-ZIP		OBERT R PENTINE DR. SOUTH RSBURG FL 33705-6120	☐ Delete		ľ				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LANDIS, P 1144 SERI		☐ Delete				1		☐ Change	Addition	
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	•		☐ Delete						Change	Addition	
mulcaled	on this report	or supplemental report is tru	ie and accurate and that my	' sionati	ure shall hav	e the same I	119.07(3)(i), Florida Statutes. legal effect as if made under o da Statutes; and that my name	ath that La	m an officer	or director	

SIGNATURE:

HRIL 26 2002