

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000069348

1. Entity Name

SIDHOM & SAEED, INC.

Principal Place of Business

Mailing Address

276 S. MOON AVE.
BRANDON FL 33511

276 S. MOON AVE.
BRANDON FL 33511

2. Principal Place of Business

3. Mailing Address

266 S. MOON AVE

266 S. MOON AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#266

City & State
BRANDON FL

City & State
BRANDON FL

Zip
33511

Country
USA

Zip
33511

Country
USA

4. FEI Number 59-3531224

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

SAEED, FARRUKH
276 S. MOON AVE.
BRANDON FL 33511

Name SAEED, FARRUKH

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

266 S. MOON AVE

City BRANDON

FL

Zip Code 33511

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

TITLE	D	<input type="checkbox"/> Delete
NAME	SAEED, FARRUKH	
STREET ADDRESS	276 S. MOON AVE.	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIDHOM, GEORGE S	
STREET ADDRESS	320 OAKFIELD DR., SUITE E	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, C T	
STREET ADDRESS	165 W ROBERTSON ST	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAEED, FARRUKH	
STREET ADDRESS	266 S. MOON AVE	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIDHOM, GEORGE	
STREET ADDRESS	156 ROBERTSON ST	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 27, 2001 8:00 am
Secretary of State
04-27-2001 90405 038 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)