

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90913 029 ***150.00

DOCUMENT # **P080000009348**

1. Entity Name
SIDHOM & SAEED INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
266 S MOON AVE

3. Mailing Address
C T THOMAS

Suite, Apt. #, etc.
#266 S. MOON AVE

Suite, Apt. #, etc.
165 WEST ROBERTSON ST

City & State
BRANDON FLORIDA

City & State
BRANDON FLORIDA

4. FEI Number
59-3531224

Applied For
Not Applicable

Zip
33511 Country
USA

Zip
33511 Country
USA

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

7. Name and Address of Current Registered Agent

Name
C. T. THOMAS


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

165 WEST ROBERTSON STREET

City **BRANDON** FL Zip Code **33511**

**DO NOT WRITE
IN THIS SPACE**

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 

3/28/2002

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SAEED, FARRUKH 266 S MOON AVE BRANDON FL- 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIDHOM, GEORGE 26091 MOUNTAIN LAKE RD BROOKSVILLE FL 34602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C. T. THOMAS 165 W ROBERTSON ST. BRANDON FL 33511
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/2002 813-685-9613

Date

Daytime Phone #

CR2E034B (12/01)