

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90049 034 ***158.75

DOCUMENT # **P98000069770**

1. Entity Name
SAVAGE GARDENS, INC.

Principal Place of Business
361 E 5th St
CHULUOTA, FL
32766

Mailing Address
361 E 5th St
CHULUOTA, FL
32766

2. Principal Place of Business
1250 SR 415
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 622214
 Suite, Apt. #, etc.

770267

DO NOT WRITE IN THIS SPACE

City & State
NEW SMYRNA BEACH FL
 Zip Country
32168 USA

City & State
QUIEDO FL
 Zip Country
32762 USA

4. FEI Number
59-3526272 Applied For
 Not Applicable

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


6. Name and Address of Current Registered Agent

MONICA R. HARRISON
361 E. 5th St.
CHULUOTA, FL 32766

7. Name and Address of New Registered Agent

Name **TIM RILEY**
 Street Address (P.O. Box Number is Not Acceptable)
1206 SHADY PINES LN
 City **TITUSVILLE FL** Zip Code **32796**

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  DATE **5-1-01**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONICA R. HARRISON <input checked="" type="checkbox"/> Delete 361 E 5th St. CHULUOTA, FL 32766
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TIM RILEY 1206 SHADY PINES LANE TITUSVILLE, FL 32796
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **Tim Riley, Director** DATE: **5-1-01** DAYTIME PHONE #: **321-269-0538**

CR2E034 (11/00)