## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 24, 2000 8:00 am Secretary of State DOCUMENT # P98000079103 1. Entity Name SARASOTA MECHANIC, INC. 02-24-2000 90033 011 \*\*\*150.00 Mailing Address Principal Place of Business 15749 SCRIMSHAW DRIVE 15749 SCRIMSHAW DRIVE TAMPA FL 33624-1506 **TAMPA FL 33624** 2. Principal Place of Business 3. Mailing Address North Waskington Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Salasofa Applied For City & State 4. FEI Number 59-353 1908 Not Applicable \$8.75 Additional Zip 34236 Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SWOPE, SCOTT P ESQ. Street Address (P.O. Box Number is Not Acceptable) 1245 COURT STREET SUITE 102 **CLEARWATER FL 33756** Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Addition DVT Change TITLE TITLE □ Delete VERNAL, RICHARD NAME NAME STREET ADDRESS 15749 SCRIMSHAW DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 3624 Change ☐ Addition ☐ Delete TITLE TITLE OSKARSSON, LEIF NAME NAME 4301 EAST BAY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33764** ☐ Addition Change ☐ Delete TITLE TITLE OSKARSSON, CYNTHIA NAME NAME 4301 EAST BAY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIF **CLEARWATER FL 33764** CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITI F TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR