

2001 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED  
May 23, 2001 8:00 am  
Secretary of State

04-27-2001 90397 030 \*\*\*150.00

DOCUMENT # P98000081018

1. Entity Name

SAWDUST SUPER MART, INC.

Principal Place of Business

Mailing Address

HWY 274  
QUINCY FL 32351

1502 GLOBE COURT  
TALLAHASSEE FL 32303

2. Principal Place of Business

3. Mailing Address

3466 Providence Rd.  
Suite, Apt. #, etc.

Same as Above  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-3533896

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FITZGERALD, BRIAN  
903 1/2 N. MONROE ST.  
TALLAHASSEE FL 32303

Name

Ernest Smith

Street Address (P.O. Box Number's No. Accepted)

1327 Colorado St.

City

Tallahassee

Zip Code

32304

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

*Ernest Smith*

(NOTE: Registered Agent's signature required when changing)

5-17-01

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 \$650.00  
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-STATE-ZIP	<input type="checkbox"/> Delete
PTD	ADELL, GILLIAM	1502 GLOBE CT	TALLAHASSEE FL 32351	<input type="checkbox"/>
VSD	GILLIAM, MELVIN L	3466 PROVIDENCE RD	QUINCY FL 32351	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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; that my name appears in Block 11 or Block 12 if changed, or an attachment with an address, with all other like empowers.

SIGNATURE:

*Adell Gilliam*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01 (850) 627-6762

CR2E034 (10/00)