

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90125 001 \*\*\*150.00

**DOCUMENT # P98000081018**

1. Entity Name  
**SAWDUST SUPER MART, INC.**

Principal Place of Business

**3466 PROVIDENCE RD.  
 QUINCY FL 32351**

Mailing Address

**1502 GLOBE COURT  
 TALLAHASSEE FL 32303**

2. Principal Place of Business

3. Mailing Address

**3466 Providence Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Quincy, Florida**

4. FEI Number

**59-3533896**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32351 USA**

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

**SMITH, ERNEST  
 1327 COLORADO ST.  
 TALLAHASSEE FL 32304**

Name

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

City

**FL**

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

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, 2002 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	PTD	<input checked="" type="checkbox"/> Delete
NAME	ADELL, GILLIAM	
STREET ADDRESS	1502 GLOBE CT	
CITY-ST-ZIP	TALLAHASSEE FL 32351	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	GILLIAM, MELVIN L	
STREET ADDRESS	3466 PROVIDENCE RD	
CITY-ST-ZIP	QUINCY FL 32351	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gilliam, Melvin	
STREET ADDRESS	3472 Providence Rd	
CITY-ST-ZIP	Quincy, FL 32351	
TITLE	VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hally Pinky	
STREET ADDRESS	4553 BOWEN DRIVE	
CITY-ST-ZIP	Tallahassee, FL 32303	
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: *Melvin L. Gilliam*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 (850)627-6762  
 Date Daytime Phone #

CR2E034 (9/01)