

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000084156

1. Entity Name

SABAL LAKE ENTERPRISES, INC.

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

05-22-2002 90247 012 ***158.75

Principal Place of Business

100 S. MILITARY TRAIL
#19
DEERFIELD BEACH FL 33442

Mailing Address

100 S. MILITARY TRAIL
#19
DEERFIELD BEACH FL 33442

361940



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0870596

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUHANDRON, KENNETH
100 S. MILITARY TRAIL #19
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

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

TITLE P
NAME SUHANDRON, KENNETH
STREET ADDRESS 100 S. MILITARY TRAIL #19
CITY-ST-ZIP DEERFIELD BEACH FL 33442

☐ Delete

TITLE VP
NAME GRAZIANO, BRANDEE
STREET ADDRESS 100 S. MILITARY TRAIL #19
CITY-ST-ZIP DEERFIELD BEACH FL 33442

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TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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CR2E034 (9/01)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02
Date

9544282024
Daytime Phone #