

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # **P9800009/1668**

1. Entity Name

SANITARIUM STUDIOS, INC

FILED

01 DEC 31 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16712 WHARLEY ROAD

Suite, Apt. #, etc.

3. Mailing Address

16712 WHARLEY ROAD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LOTZ FL

City & State

LOTZ FL

4. FEI Number

57-3542555

Applied For

Not Applicable

Zip

33549

Country

US

Zip

33549

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ADAM YAHRE

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

16712 WHARLEY ROAD

City

LOTZ

FL

Zip Code

33549

**DO NOT WRITE
IN THIS SPACE**

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 of, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12/27/01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

CEO ADAM YAHRE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**16712 WHARLEY ROAD
LOTZ FL 33549**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

500004764675--2

-01/10/02--01031--014

******150.00 ****150.00**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

ADAM YAHRE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27/01

Date

813-334-1071

Daytime Phone #

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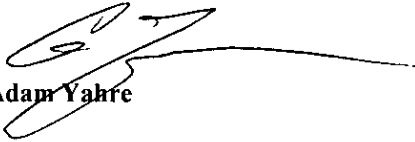
Florida Department of State
Division of Corporations
409 East Gains Street
Tallahassee FL, 32399

12/27/2001

Dear Department of Corporations,

I am writing this letter to be included with my 2001 Uniform Business Report. Upon doing my year end review of my corporate paperwork, I realized that I had never received a Uniform Business Report in the mail this year. Please contact me at 813-334-1071 if you have any further questions.

Thank you,



Adam Yahre