

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90429 029 ***150.00

DOCUMENT # **P98000091668** ✓

1. Entity Name

SANITARIUM STUDIOS INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16712 WHIRLEY RD

Suite, Apt. #, etc.

City & State
LOTZ FL

Zip
33558

Country
USA

3. Mailing Address

16712 WHIRLEY RD

Suite, Apt. #, etc.

City & State
LOTZ FL

Zip
33558

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number **593542555**
~~2168455~~

Applied For
Not Applicable

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 WHIRLEY RD

City
LOTZ

FL

Zip Code
33558

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this document for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

(NOTE: Registered Agent signature required when re-registering)

DATE

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
**Officer
ADAM YAHRE
16712 WHIRLEY RD
LOTZ FL 33558**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 813-334-1071
Date Daytime Phone #