

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED

Jul 07, 2000 8:00 am
Secretary of State

07-07-2000 90406 036 ***100.00
05-02-2000 90101 006 ***50.00

DOCUMENT # P98000094627

1. Entity Name

SAMPSON FEDERAL INC.

Principal Place of Business

Mailing Address

126 7TH AVE NE
ST PETERSBURG FL 33701

126 7TH AVE NE
ST PETERSBURG FL 33701-2518

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

APPLIED FOR

Applied For

(Not Applicable)

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

MITCHELL, MARGARET A
126 7TH AVE NE
ST PETERSBURG FL 33701

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, 2000 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	D	☐ Delete
NAME	MITCHELL, MARGARET A.	
STREET ADDRESS	126 7TH AVE NE	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	V	☐ Delete
NAME	MITCHELL, MICHAEL	
STREET ADDRESS	126 7TH AVE NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	S	☐ Delete
NAME	MITCHELL, MAGGIE	
STREET ADDRESS	126 7TH AVE NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	T	☐ Delete
NAME	MITCHELL, KENT	
STREET ADDRESS	126 7TH AVE NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ 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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)