

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000103311

1. Entity Name

SAWDUST, INC.

FILED

May 01, 2000 8:00 am  
Secretary of State

05-01-2000 90442 021 \*\*\*150.00

Principal Place of Business

Mailing Address

1515 RAINVILLE ROAD  
TARPON SPRINGS FL 34689

1515 RAINVILLE ROAD  
TARPON SPRINGS FL 34689-6805

2. Principal Place of Business

3. Mailing Address

1515 RAINVILLE RD

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

TARPON SPRINGS, FL.

1515 RAINVILLE RD.

City & State

City & State

TARPON SPRINGS, FL.

Zip

Country

34689 USA

Zip

Country

34689 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3549944

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

GRIFFIN, DONNA R  
1515 RAINVILLE RD  
TARPON SPRINGS FL 34689

Name GRIFFIN, DONNA R.

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

1515 RAINVILLE RD.

City TARPON SPRINGS, FL

Zip Code 34689

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD  
NAME GRIFFIN, DONNA R  
STREET ADDRESS 1515 RAINVILLE ROAD  
CITY-ST-ZIP TARPON SPRINGS FL 34689 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
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 like empowered.

SIGNATURE:

DONNA R. GRIFFIN

04-24-00

727-372-7104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)