2000 UNIFORM BUSINESS REPORT (UBR)

Apr 28, 2000 08:00 AM DOCUMENT # P9900000314 1. Entity Name **Secretary of State** SARASOTA FOUNTAINS, INC. Principal Place of Business Mailing Address 116 41ST CIR., E. 116 41ST CIR., E. BRADENTON FL BRADENTON FL 34208 34208 2. Principal Place of Business 3. Mailing Address 7621 15TH STREET EAST 7621 15TH STREET EAST Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE UNIT 1E UNIT 1E City & State City & State 4. FEI Number Applied For SARASOTA FL SARASOTA FL 65-0886196 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 34243 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CASWELL SAKELARIS MARILYN 1215 N. PALM AVE. Street Address (P.O. Box Number is Not Acceptable) 116 41ST CIRCLE EAST SARASOTA FL 34236 City Zip Code BRADENTON 34208 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. 04/28/2000 MARILYN SAKELARIS Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TILE D/P ☐ Detete X Change ☐ Addition SAKELARIS MARILYN NAME SAKELARIS MARILYN STREET ADDRESS 116 41ST CIR., E. STREET ADDRESS 116 41ST CIR., E. CITY-ST-ZIP BRADENTON 34208 CITY-ST-ZIP BRADENTON FL. 34208 TITLE ☐ Delete TITLE X Change ☐ Addition NAME JOHN NAME SAKELARIS SAKELARIS JOHN STREET ADDRESS 116 41ST CIR., E. STREET ACCRESS 116 41ST CIR., E. CITY-ST-ZIF BRADENTON FI. 34208 CITY-ST-718 BRADENTON FT. 34208 ☐ Delete TITLE TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8

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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.