

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
 05-02-2002 90071 024 ***150.00

DOCUMENT # P99000000314

1. Entity Name
SARASOTA FOUNTAINS, INC.

Principal Place of Business
2520 MANATEE AVE E
BRADENTON FL 34208
US

Mailing Address
2520 MANATEE AVE E
BRADENTON FL 34208
US



2. Principal Place of Business

3. Mailing Address

P.O. Box 2246

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton FL

4. FEI Number

65-0886196

Applied For

Not Applicable

Zip

Country

34208

Country

USA

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

SAKELARIS, MARILYN
116 41ST CIRCLE EAST
BRADENTON FL 34208

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, 2002 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	<i>D/V</i>	<input type="checkbox"/> Delete
NAME	SAKELARIS, JOHN	
STREET ADDRESS	116 41ST CIR., E.	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE	<i>D/P</i>	<input type="checkbox"/> Delete
NAME	SAKELARIS, MARILYN	
STREET ADDRESS	116 41ST CIR., E.	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Marilyn Sakelaris* **Marilyn Sakelaris, President** *4/18/02* **941-708-3399**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)