

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000005332

1. Entity Name
SARIN, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90159 021 ***150.00

Principal Place of Business

Mailing Address

280 BARRATARIA DRIVE
ST. AUGUSTINE FL 32086

280 BARRATARIA DRIVE
ST. AUGUSTINE FL 32086-8511

2. Principal Place of Business

110 ANASTASIA BLVD.

Suite, Apt. #, etc.

3. Mailing Address

110 ANASTASIA BLVD.

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL.

City & State

ST. AUGUSTINE, FL

4. FEI Number

59-3554320

Applied For

Not Applicable

Zip

32084

Country

ST. JAMES

Zip

32084

Country

ST. JAMES

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

BIELEFELDT, KARL E
280 BARRATARIA DRIVE
ST. AUGUSTINE FL 32086

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BIELEFELDT, KARL E	
STREET ADDRESS	280 BARRATARIA DRIVE	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	D	<input type="checkbox"/> Delete
NAME	BIELEFELDT, SUSAN K	
STREET ADDRESS	280 BARRATARIA DRIVE	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE		<input type="checkbox"/> Delete
NAME		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-00

Date

904-824-1337

Daytime Phone #

CR2E034 (9/99)