

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90009 001 ***150.00

00057335

DO NOT WRITE IN THIS SPACE

DOCUMENT # 909000012083

1. Entity Name
SARO UNLIMITED, INC.

Principal Place of Business Mailing Address
39 GOLF VIEW DRIVE

2. Principal Place of Business 3. Mailing Address
39 GOLF VIEW DRIVE
 Suite, Apt. #, etc.

City & State City & State
OCALA, FLORIDA
 Zip Country Zip Country
34472 MARION 34472 MARION

6. Name and Address of Current Registered Agent
ROLF BRAUN
39 GOLF VIEW DRIVE
OCALA, FL 34472

4. FEI Number
59-3570204
 Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name ROLF BRAUN
 Street Address (P.O. Box Number is Not Acceptable)
39 GOLF VIEW DRIVE
 City OCALA FL Zip Code 34472

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] ROLF BRAUN PRESIDENT 05/04/00
 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	<u>PRESIDENT, DIRECTOR,</u>	<input type="checkbox"/> Delete	TITLE	<u>PRESIDENT, DIRECTOR, CHAIRMAN,</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>ROLF BRAUN</u>		NAME	<u>TREASURER</u>	
STREET ADDRESS	<u>39 GOLF VIEW DR</u>		STREET ADDRESS	<u>39 GOLF VIEW DRIVE</u>	
CITY-ST-ZIP	<u>OCALA, FL 34472</u>		CITY-ST-ZIP	<u>OCALA FL 34472</u>	
TITLE	<u>VICE PRESIDENT, DIRECTOR,</u>	<input type="checkbox"/> Delete	TITLE	<u>VICE PRESIDENT, DIRECTOR,</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>SABINE BRAUN</u>		NAME	<u>SECRETARY</u>	
STREET ADDRESS	<u>39 GOLF VIEW DR.</u>		STREET ADDRESS	<u>39 GOLF VIEW DR</u>	
CITY-ST-ZIP	<u>OCALA, FL 34472</u>		CITY-ST-ZIP	<u>OCALA FL 34472</u>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 an other like empowered.

SIGNATURE: [Signature] PRESIDENT 05/04/00 352 687 8500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)