

2001 UNIFORM BUSINESS REPORT (UBR)

1/27

FILED
Feb 13, 2001 8:00 am
Secretary of State

01-27-2001 90080 040 ***150.00

DOCUMENT # P99000012683

1. Entity Name

SARO UNLIMITED, INC.

Principal Place of Business

**39 GOLF VIEW DRIVE
OCALA FL 34472**

Mailing Address

**39 GOLF VIEW DRIVE
OCALA FL 34472**

2. Principal Place of Business

39 GOLF VIEW DR

Suite, Apt. #, etc.

3. Mailing Address

39 GOLF VIEW DR

Suite, Apt. #, etc.

City & State

OCALA, FL

City & State

OCALA, FL

4. FEI Number

59-3570204

Applied For

Not Applicable

Zip

34472

Country

USA

Zip

34472

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BRAUN, ROLF
39 GOLF VIEW DRIVE
OCALA FL 34472**

7. Name and Address of New Registered Agent

Name **ROLF BRAUN**
Street Address (P.O. Box Number is Not Acceptable)

39 GOLF VIEW DR.

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **01/18/01**

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, 2001 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

TITLE	POCT	<input type="checkbox"/> Delete
NAME	BRAUN, ROLF	
STREET ADDRESS	39 GOLF VIEW DRIVE	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BRAUN, SABINE	
STREET ADDRESS	39 GOLF VIEW DRIVE	
CITY-ST-ZIP	OCALA FL 34472	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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] **ROLF BRAUN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/07/01 352-680-2488

Date

Daytime Phone #

CR2E034 (10/00)