

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000054273

1. Entity Name

SASKIA'S, INC.

Principal Place of Business

7930 BAY POINTE DR., #C-24  
TAMPA FL 33615

Mailing Address

7930 BAY POINTE DR., #C-24  
TAMPA FL 33615

2. Principal Place of Business

121 DANUBE AVE 102

Suite, Apt. #, etc.

TAMPA FL

City & State

33606 USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

(Same)

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

WATKINS, CARL T CPA  
7845 JACKSON SPRINGS RD.  
TAMPA FL 33634

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5103 Memorial Hwy.

City

Tampa

FL

Zip Code

33634

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, 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 D  
NAME JANS, SASKIA  
STREET ADDRESS 7930 BAY POINTE DR., #C-24  
CITY-ST-ZIP TAMPA FL 33615

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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

Date

Daytime Phone #

FILED  
May 17, 2001 8:00 am  
Secretary of State

05-17-2001 91364 033 \*\*\*150.00

A0069756



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)