2002 Uniform Business Report (UBR)

P99000059794 DOCUMENT # **Secretary of State** 1. Entity Name 03-12-2002 90023 022 ***150.00 ANGIE SAWDY, P.A. Mailing Address Principal Place of Business 58 SHORELAND DRIVE 58 SHORELAND DRIVE KEY LARGO FL 33037 KEY LARGO FL 33037 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0929792 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent SAWDY, ANGIE (P.O. Ben Number is Not Acceptable) **58 SHORELAND DRIVE** KEY LARGO FL 33037 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. (9/01)Change ☐ Addition TITLE TITLE □ Detete NAME SAWDY, ANGIE 14274 Reserve Ct. Port Charlotte, FL NAME **58 SHORELAND DRIVE** STREET ADDRESS STREET ADDRESS KEY LARGO FL 33037 CITY-ST-ZLP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITI F NAME SAWDY, MICHAEL R NAME STREET ADDRESS **58 SHORELAND DR** STREET ADDRESS KEY LARGO FL 33037 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLÉ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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 all other like empowered.

INGIE SA

SIGNATURE:

FILED

Mar 12, 2002 8:00 am