

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90211 007 ***150.00

DOCUMENT # **p99000062299**

1. Entity Name

SA operating corp.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6941 Finamore Circle

Suite, Apt. #, etc.

3. Mailing Address

6941 Finamore Circle

Suite, Apt. #, etc.

City & State

LAKE WORTH FL

Zip

33467

Country

West Palm

City & State

LAKE WORTH FL

Zip

33467

Country

West Palm

4. FEI Number

65-0936188

☒

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Stephen mancino**

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

6941 Finamore Circle

LAKE WORTH

City **LAKE WORTH**

FL

Zip Code

33467

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P/V/T/S/D/C/M**
NAME **Stephen mancino**
STREET ADDRESS **6941 Finamore Circle**
CITY-ST-ZIP **LAKE WORTH FL 33467**

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IN THIS SPACE**

12. 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 10 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 #

4/11/03

(561)903-6985

CR2E034B (12/02)