2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT# P9900070677							FILED Apr 26, 2001 08:00 AM					
1. Entity Nam SAVOY TR	e RUCKING, INC.						Seci	etary (of Sta	te		
Principal Place			Mailing Address 5624 14TH ST. W. LOT 49									
BRADENTON FL 34207			BRADENTON FL 34207									
2. Principal P	face of Business		3. Mailing Address 1866 BENEVA COURT								•	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State sarasota FL			City & State sarasota fl				FEI Number 5-094224	0		-	oplied For ot Applicable	Ì
Zip 34232	Country		Zip 34232	Cour	ntry	5.	Certificate of S	tatus Desired		\$8.75 Add	ditional d	
6. Name and Address of Current Registered Agent SAVOY ALTON 5624 14TH ST. W. LOT 49						ALTO	ON BPRES	dress of New R		gent		-
BRADENTO 34207	JIN	FL			1310 City			<u></u>	FL	Zip Cod	<u>-</u>	-
8. The above	named entity submits_this	statement for th	ne purpose of changing its	register	SARASC ed office or		gent, or both, in	the State of Fig		34232		1
SIGNATURE _	ALTON B. SAV Signature, typed or printed name of r		title if applicable. (NOTE	:: Registere	d Agent signati	are required when i	reinstating)	-	04/26/ DATE	2001	<u> </u>	
Tax filing re	oration is eligible to satisfy it equirement and elects to de ia on back)	FILE NOW! After MAY 1, 20 Make Check Payab	01 Fee	will be \$5	50.00		n Campaign Fir und Contributio			0 May Be i to Fees		
11.		CERS AND DI		12.			DDITIONS/CH	ANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAVOY ALTON 5624 14TH ST. W. LOT 4 BRADENTON		☐ Delete FL 34207			O SAVOY 1866 BENE SARASOT.	ALTON CVA COURT A	BPRES	FL	Change 34232	☐ Addition	034 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete j							Change	☐ Addition	CR2E0
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY	EET ADDRESS '-ST-ZIP				_	☐ Change	Addition	
of the cor	poration or the receiver or t	ntai report is tru	is filing does not qualify for ue and accurate and that me red to execute this report a n all other like empowered.	いくいいつ	tura enall n	ava tha coma	Jacob offoot on	if made under	. ما خصطة بطفعه	m na afficac	ar disastar	
SIGNAT			TED NAME OF SIGNING OFFICER	OR DIRECT	TOR		0 C	4/26/2001 Date	Da	rytime Phone #		

Date

Daytime Phone #