

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2000 8:00 am
Secretary of State
 09-12-2000 90240 019 ***150.00

DOCUMENT # P99000071128

1. Entity Name
SARAL, INC.

R

Principal Place of Business
904 TORREY PINE DRIVE
WINTER SPRINGS FL 32708

Mailing Address
904 TORREY PINE DRIVE
WINTER SPRINGS FL 32708

ADD77028



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3592875

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACKENZIE, SARA R
904 TORREY PINE DRIVE
WINTER SPRINGS FL 32708

Name

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

City

FL

Zip Code

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME **P/S/D**
 STREET ADDRESS **SARA R. MACKENZIE**
 CITY-ST-ZIP **904 TORREY PINE DRIVE**
WINTER SPRINGS, FL. 32708

TITLE ☐ Delete
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 CITY-ST-ZIP

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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:

SARA R. MACKENZIE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/05/00 (407) 977-9740

CR2E034 (5/00)

attachment
P 99000071128
A0077028

September 5, 2000

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: SARAL, Inc.
Doc. # P99000071128
409 Torrey Pine Drive
Winter Springs, FL 32708-4346
Tel: (407) 977-9740

Dear Ms. Or Sir:

I recently received a Florida Department of State, Division of Corporations, "2000 Uniform Business Report" form second notice. It indicated I had not filed a timely report nor paid the \$150 filing fee due by May 1, 2000. A late fee of \$400, in addition to the \$150 filing fee, was now required.

I would like to request the \$400 late fee be waived. The above referenced notice is the first mail I received that indicated I should pay a filing fee annually by May 1st, or pay a \$400 penalty. Since I incorporated in August 1999, I did not know the required Florida rules and never received the original First Notice form.

I would appreciate your review of this situation and waiver of the late filing fee charge of \$400. I have enclosed the original filing fee of \$150.

Thank you for your consideration. Please let me know if there is any additional action I need to take.


Sara R. MacKenzie - President, SARAL, Inc.