## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P99000083785

Country

SAWYER, SHARON A

**TARPON SPRINGS FL 34689** 

9. This corporation is eligible to satisfy its Intangible

1602 AVOCA DR

6. Name and Address of Current Registered Agent

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

1. Entity Name

City & State

Zip

SIGNATURE

S.A. SAWYER, INC.

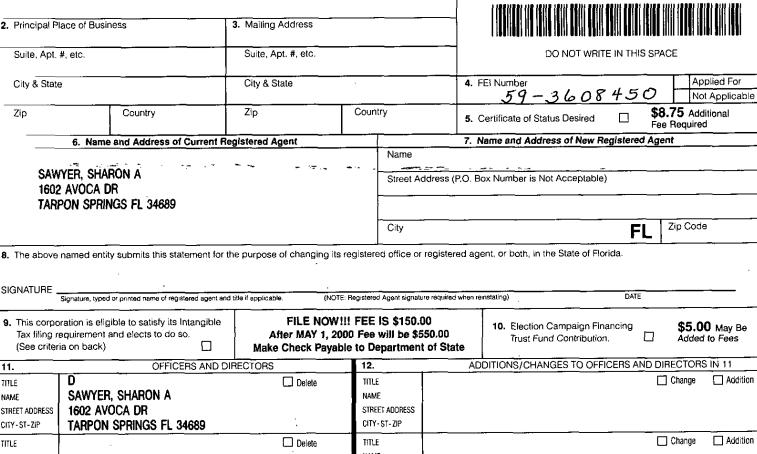
Mailing Address Principal Place of Business 1602 AVOCA DR 1602 AVOCA DR TARPON SPRINGS FL 34689-2102 TARPON SPRINGS FL 34689 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Zip

## Jun 08, 2000 8:00 am Secretary of State

06-08-2000 90035 028 \*\*\*550.00



Tax filing requirement and elects to do so. (See criteria on back)			After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		Trust Fund Contribution. Added to Fees		to Fees
1. OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAWYER, SHARON A 1602 AVOCA DR TARPON SPRINGS FL 34689	☐ Delete ∵	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME - STREET ADDRESS CITY-ST-ZIP	ر سک بیکاستین	and the second s	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AODRESS CITY-ST-ZIP			☐ Change	☐ Addition

Country

FILE NOW!!! FEE IS \$150.00

Name

City

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:

CR2E034 (9/99)