

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90234 023 ***550.00

DOCUMENT # P99000083983

1. Entity Name
SAC-I, INC.

Principal Place of Business
**1901 N. 13TH ST. SUITE 100
 TAMPA FL 33605**

Mailing Address
**P. O. BOX 24567
 TAMPA FL 33623-4567**

00006820



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
P.O. BOX 172117
 Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 172117
 Suite, Apt. #, etc.

City & State
TAMPA, FL

City & State
TAMPA, FL

4. FEI Number **59-3597738**

Applied For
 Not Applicable

Zip **33672** Country

Zip **33672** 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

**CAREY, MICHAEL R
 712 S. OREGON AVE.
 TAMPA FL 33606**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 **D** Delete
 NAME **STANTON, JOHN**
 STREET ADDRESS **P. O BOX 24567**
 CITY-ST-ZIP **TAMPA FL 33623-4567**

Change Addition
 TITLE
 NAME
 STREET ADDRESS **P.O. BOX 172117**
 CITY-ST-ZIP **TAMPA, FL 33672**

TITLE **D** Delete
 NAME **SHULNBURG, ROBERT**
 STREET ADDRESS **P. O. BOX 300**
 CITY-ST-ZIP **GIBSONTON FL 33534-0300**

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **REDMOND, FRANK**
 STREET ADDRESS **P. O. BOX 300**
 CITY-ST-ZIP **GIBSONTON FL 33534-0300**

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
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TITLE Delete
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 CITY-ST-ZIP

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 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.

SIGNATURE: *John Stanton* **JOHN STANTON** 4/23/01 813-621-4641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)