

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90017 037 ***550.00

DOCUMENT # P99000088478

1. Entity Name

SARA A.E. DEGODOI, INC.

Principal Place of Business

**11124 ISLE BROOK COURT
 WELLINGTON FL 33414**

Mailing Address

**11124 ISLE BROOK COURT
 WELLINGTON FL 33414**

00007414



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4979 Windsor Park

3. Mailing Address

Sara A.E. Degodoi

Suite, Apt. #, etc.

c/o Albert

Suite, Apt. #, etc.

1043 Wallace Dr.

City & State

Sarasota FL

City & State

Delray Beach FL

Zip

34235

Country

USA

Zip

33444

Country

4. FEI Number

65-0991920

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**DEGODOI, SARA A.E.
 11124 ISLE BROOK COURT
 WELLINGTON FL 33414**

7. Name and Address of New Registered Agent

Name

SARA A.E.

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. (NOT

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!
After MAY 1, 2001
Make Check Payable to Department of State

FEE IS \$150.00
Fee will be \$550.00

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **DEGODOI, SARA A.E.**
 STREET ADDRESS **11124 ISLE BROOK COURT**
 CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **DEGODOI, SARA A.E.**
 STREET ADDRESS **4979 WINDSOR PARK**
 CITY-ST-ZIP **SARASOTA FL 34235**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

Sara A. E. Degodoi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/24/01 5615

CR2E034 (10/00)