

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092967

1. Entity Name

SACATE, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90911 042 ***158.75

80094409



DO NOT WRITE IN THIS SPACE

Principal Place of Business GOLDENROD CIRCLE WEST JACKSONVILLE FL 32246	Mailing Address 2836 GOLDENROD CIRCLE WEST JACKSONVILLE FL 32246-4024
Principal Place of Business 2561 ALDEN TRACE BLVD W. Suite, Apt. #, etc.	3. Mailing Address 2561 ALDEN TRACE BLVD W. Suite, Apt. #, etc.

City & State JACKSONVILLE FL	City & State JACKSONVILLE FL	4. FEI Number 59-3624010	Applied For Not Applicable
Zip FL32246	Country DUVAL	Zip 32246	Country U.S.A.
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MADDOX, JOSEPH E CPA 5350 ARLINGTON EXPRESSWAY SUITE 3701 JACKSONVILLE FL 32211	7. Name and Address of New Registered Agent Name SCOTT REAGAN Street Address (P.O. Box Number is Not Acceptable) 2561 ALDEN TRACE BLVD W. City JACKSONVILLE FL Zip Code 32246
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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, typed or printed name of registered agent and title if applicable. <u>SCOTT REAGAN</u>	DATE 4.27.00
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT SCOTT REAGAN 2561 ALDEN TRACE BLVD W. JACKSONVILLE FL 32246 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>SCOTT REAGAN</u>	Date 4.27.00	Daytime Phone # 904.545.6641
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CR2E034 (9/99)