

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 02, 2001 8:00 am**
Secretary of State

05-02-2001 90132 033 ***150.00

DOCUMENT # P99000098326

1. Entity Name

SAVAGE ARMADILLO, INC.

Principal Place of Business

**116 TREASURE ISLAND CAUSEWAY
TREASURE ISLAND FL 33706**

Mailing Address

**P.O. BOX 5422
LARGO FL 33773
US**

2. Principal Place of Business

116 Treasure Island Causeway
Suite, Apt. #, etc.

3. Mailing Address

PO BOX 5422
Suite, Apt. #, etc.

City & State

Treasure Island FL

City & State

LARGO FL 33773

Zip

Country

Zip

Country

33706**USA****33773****USA**

4. FEI Number

59-3608192

Applied For

Not Applicable

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

**GAYTON, JOSEPH E
116 TREASURE ISLAND CAUSEWAY
TREASURE ISLAND FL 33706**

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 \$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 ☐ Delete
NAME **D**
STREET ADDRESS **BIGOTTI, PAUL M**
CITY-ST-ZIP **13067 WASHINGTON AVENUE
LARGO FL 33773**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **SEMPEL, SCOTT**
CITY-ST-ZIP **284 KATHERINE BOULEVARD, APT. 8211
PALM HARBOR FL 34684**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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: **Paul Bi**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL BIGOTTIDate **April 24 01**Daytime Phone # **727 421-1176**

CR2E034 (10/00)