

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000103570

1. Entity Name  
Cuellar Sachse + Hawes Inc.

08-24-2000 90028 042 \*\*\*61.25

FILED

00 AUG 24 PM 4:51

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address

149 Shadow trail -  
Longwood, FL 32750

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59 3611244

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Cheryl Cuellar  
149 Shadow trail  
Longwood, FL 32750

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, 2000, Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

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\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE v/s  
NAME Kim Sachse  
STREET ADDRESS 2109 Lake Debra Dr - Apt 1433  
CITY-ST-ZIP Orlando FL 32835

☐ Delete

TITLE v/t  
NAME Julie Hawes  
STREET ADDRESS 5370 Lake Lizzie Dr  
CITY-ST-ZIP St. Cloud, FL 34771

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE President - P  
NAME Cheryl Cuellar  
STREET ADDRESS 149 Shadow trail  
CITY-ST-ZIP Longwood, FL 32750

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/00

Date

407-332-6195

Daytime Phone #

CR2E034 (9/99)

8/25