

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000103570

1. Entity Name

CUELLAR SACHSE & HAWES, INC.

Principal Place of Business

149 SHADOW TRAIL
LONGWOOD FL 32750

Mailing Address

149 SHADOW TRAIL
LONGWOOD FL 32750

2. Principal Place of Business

830 Clay street

3. Mailing Address

830 Clay street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Park

City & State

Winter Park FL

Zip

32789

Country

U.S.A.

Zip

32789

Country

U.S.A.

4. FEI Number

59-3611244

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CUELLAR, CHERYL W
149 SHADOW TRAIL
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

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

Julie Hawes Vice President Julie Hawes

3.9.01

(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

TITLE VS
NAME SACHSE, KIM
STREET ADDRESS 2109 LAKE DEBRA DR. #1433
CITY-ST-ZIP ORLANDO FL 32835 ☐ Delete

TITLE V/T
NAME HAWES, JULES
STREET ADDRESS 5370 LAKE LIZZIE DR
CITY-ST-ZIP SAINT CLOUD FL 34771 ☐ Delete

TITLE P
NAME CUELLAR, CHERYL
STREET ADDRESS 149 SHADOW TRAIL
CITY-ST-ZIP LONGWOOD FL 32750 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 6507 Doubletrace lane
CITY-ST-ZIP Orlando FL 32819 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 4020 Bolinas court
CITY-ST-ZIP Orlando FL 32817 ☒ Change ☐ Addition

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

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

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

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:

Julie Hawes Julie Hawes

3.9.01

Date

407 647 9292

Daytime Phone #

0048824

CR2E034 (10/00)

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

03-16-2001 90019 037 ***150.00

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DO NOT WRITE IN THIS SPACE