## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED **DOCUMENT # S09330** Jul 24, 2000 8:00 am 1. Entity Name HGR SARASOTA, INC. **Secretary of State** 07-24-2000 90015 029 \*\*\*150.00 Principal Place of Business Mailing Address 823 BELVEDERE ROAD 5445 ASHTON MANOR DR. WEST PALM BEACH FL 33405 SARASOTA FL 34233 2. Principal Place of Business 3. Mailing Address 256 OLD STICKNEY PT.RO Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0223380 SARA50TA Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCARLETT, GARY Street Address (P.O. Box Number is Not Acceptable) 5445 ASHTON MANOR DR. SARASOTA FL 34233 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After SEPTEMBER 13, 2000 Min, will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition TITLE TITLE Delete SCARLETT, GARY 5445 ASHTON MANOR DR. CAPOZZI, WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS 823 BELVEDERE ROAD CITY-ST-ZIP CITY-ST-ZIP SARASOTA , FL WEST PALM BEACH FL ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ~⊡ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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:

GARYAJOAR LETTUS Solar Lett

7/18/00

941-346-3000

Daytime Phone #

EXTRA 400-00 WOULD MOST LIKELY BE

WAIVED DUE TO THE LOST FIRST NOTICE.

Yours TRULY I Sealed

GARY SCARLETT PRES IDENT HGR SARASOTA INC