

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S36701

1. Entity Name

SANCHARGER, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90046 013 ***150.00

Principal Place of Business

Mailing Address

P. O. BOX 6131
PALM HARBOR FL 34684
US

P. O. BOX 6131
PALM HARBOR FL 34688-0471
US

2. Principal Place of Business

P.O. Box 471

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 471

Suite, Apt. #, etc.

City & State

Tarpon Springs, FL 34689

City & State

Tarpon Springs, FL 34689

4. FEI Number

59-3057478

Applied For

Not Applicable

Zip

34689

Country

U.S.

Zip

34689

Country

U.S.

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

MASTERS, SANDRA
2327 WOODBEND CIRCLE
NEW PORT RICHEY FL 34655

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.

Sandra Masters

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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **ST** ☐ Delete
NAME **MASTERS, SANDRA**
STREET ADDRESS **2327 WOODBEND CIRCLE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE **Vice President / Secretary** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PV** ☐ Delete
NAME **GLUCK, GERALD**
STREET ADDRESS **1551 CROSSVINE CT**
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE **President / Treasurer** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ 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:

Sandra Masters

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)