

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S54716

1. Entity Name

SARGENT ENTERPRISES, INCORPORATED OF SARASOTA

Principal Place of Business

Mailing Address

5435 AVENIDA DEL MARE
SARASOTA FL 34242

5053 OCEAN BLVD. #70
SARASOTA FL 34242-1607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0267634

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SARGENT, WILLIAM A JR.
5435 AVENIDA DEL MARE
SARASOTA FL 34242

7. Name and Address of New Registered Agent

Name

MELISSA D. SARGENT (CGC059527)

Street Address (P.O. Box Number is Not Acceptable)

5435 AVENIDA DEL MARE

City

SARASOTA

FL

Zip Code

34242

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

William A. Sargent *Melissa D. Sargent*

4-21-00

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SARGENT, WILLIAM A.	
STREET ADDRESS	5435 AVENIDA DEL MARE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	SARGENT, MELISSA D.	
STREET ADDRESS	5435 AVENIDA DEL MARE	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C.E.O. - PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARGENT, MELISSA	
STREET ADDRESS	5435 AVENIDA DEL MARE	
CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE	V.P. OF SALES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARGENT, WILLIAM A JR	
STREET ADDRESS	5435 AVENIDA DEL MARE	
CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE	V.P. OF FIELD OPERATIONS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOMPIER, HATHONY	
STREET ADDRESS	3251 N. RAMBLEWOOD DR	
CITY-ST-ZIP	SARASOTA, FL 34237	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Melissa D. Sargent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MELISSA D. SARGENT 4-21-00

Date

Daytime Phone #

9413499317

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90182 001 *****8.75

05-06-2000 90182 002 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)