FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S54716

1. Entity Name
SARGENT ENTERPRISES, INC. OF SARASOTA

FILED
04 JAN 15 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-04

700026162367
01/06/04--01057--019 **1058.75

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
5053 OCEAN BLVD #4	5053 OCEAN BLVD #4
Suite, Apt. #, etc. #4	Suite, Apt. #, etc. #4
City & State SARASOTA FL	City & State SARASOTA FL
Zip 34242 Country SARASOTA	Zip 34242 Country SARASOTA

4. FEI Number 650267634 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name MELISSA ANN DEMARCO

Street Address (P.O. Box Number is Not Acceptable) 5053 OCEAN BLVD #4

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ PRESIDENT MELISSA ANN DEMARCO 12-8-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MELISSA ANN DEMARCO 5053 OCEAN BLVD #4 SARASOTA FL 34242
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 12-8-03 9413499317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #