

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # V16372**

1. Entity Name

SARAH NICHOLAS ENTERPRISES, INC.**FILED****Jan 26, 2000 8:00 am**
Secretary of State

01-26-2000 90008 019 ***150.00

Principal Place of Business

1206 SW 1ST PL
CAPE CORAL FL 33991

Mailing Address

1206 SW 1ST PL
CAPE CORAL FL 33991-2808
THEOPHILUS BEJEL
1908 Piccadilly Circle
Cape Coral, FL 33991**THEOPHILUS BEJELIS**
1908 Piccadilly Circle
Cape Coral, FL 33991

B0007682



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0308272**Applied For
Not Applicable

Zip

Country

Zip

Country

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

BEJELIS, THEOPHILOUS
1206 SW 1ST PL
CAPE CORAL FL 33991**THEOPHILUS BEJELIS**
1908 Piccadilly Circle
Cape Coral, FL 33991

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

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 State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP
	BEJELIS, THEOPHILOUS	1206 SW 1ST PL	CAPE CORAL FL
	THEOPHILUS BEJELIS	1908 Piccadilly Circle	Cape Coral, FL 33991

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/00 941-275-1000