2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V32123

1. Entity Name

SAUNDERS INVESTMENT GROUP, INC.

Country

SAUNDERS, KENNETH J.

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

1515 NW 51 PLACE CORAL SPRINGS FL 33096

	S
515 N UNIV. DR	

Mailing Address

1515 N UNIV. DR

102-D CORAL SPRINGS FL 33071

US

CORAL SPRINGS FL 33071 2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

5. Certificate of Status Desired

7. Name and Address of New Registered Agent

65-0334053

FILED

Apr 26, 2001 8:00 am Secretary of State

04-26-2001 90230 019 ***150.00

DO NOT WRITE IN THIS SPACE

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

City

(NOTE: Registered Agent signature required when reinstating)

Name

Zip Code

DATE

П

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

6. Name and Address of Current Registered Agent

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 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

Applied For

\$8.75 Additional

Fee Required

Not Applicable

(See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition SAUNDERS, KENNETH J. NAME NAME STREET ADDRESS 1515 N UNIV DR #102-D STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071 TITLE Dejete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition 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 TITLE ☐ Delete TOTALE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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

SIGNATURE AND TYPED OR PRINTED MAINE OF SIGNING OFFICER OR DIRECTOR