

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

SARAH ANN OF S.W. FLORIDA, INC

FILED

May 11, 2000 8:00 am
Secretary of State

05-11-2000 90077 047 ***150.00

Principal Place of Business

Mailing Address

13180 N. CLEVELAND AVE #205
N. FT. MYERS, FL 33903

Same

2. Principal Place of Business

3. Mailing Address

13180 N. CLEVELAND AVE #205

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

N. FT. MYERS

Same

Zip

Country

Zip

Country

33903

LEE

Same

Same

6. Name and Address of Current Registered Agent

4. FEI Number

65-0334194

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

JOHN L. WALKLEY

13180 N. CLEVELAND AVE #206
N. FT. MYERS, FL 33903

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

4-25-00

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

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PRESIDENT
JOHN L. WALKLEY
13180 N. CLEVELAND AVE #205
N. FT. MYERS, FL 33903

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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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

4-25-00
Date

941-995-1711
Daytime Phone #

CR2E034 (9/99)