

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90124 050 \*\*\*150.00

0040954

**DOCUMENT # V48612**

1. Entity Name

**S.A.S. REALTY CORP**

Principal Place of Business

**641 MAPLE OAK CIRCLE  
 UNIE 121  
 ALTAMONTE SPRINGS FL 32701  
 US**

Mailing Address

**641 MAPLE OAK CIRCLE  
 UNIE 121  
 ALTAMONTE SPRINGS FL 32701  
 US**

2. Principal Place of Business

**108 MARCIA DRIVE**

3. Mailing Address

**108 MARCIA DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ALTAMONTE SPRINGS, FL**

City & State

**ALTAMONTE SPRINGS, FL**

4. FEI Number

**59-3107958**

Applied For

Not Applicable

Zip

**32714**

Country

**USA**

Zip

**32714**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**LEMUS, ANTONIO  
 112 MARCIA DRIVE  
 ALTAMONTE SPRINGS FL 32714**

7. Name and Address of New Registered Agent

Name

**ANTONIO LEMUS, CPA**

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

**108 MARCIA DRIVE**

City

**ALTAMONTE SPRINGS**

**FL**

Zip Code

**32714**

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.

**ANTONIO LEMUS**

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/29/01**

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, 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**

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
 NAME **WILLIAMS, DANNY**  
 STREET ADDRESS **PO BOX 154**  
 CITY-ST-ZIP **ELM MOTT TX 76640**

TITLE **VD** ☐ Delete  
 NAME **ALDERSON, ELEANOR**  
 STREET ADDRESS **8721 10TH STREET NORTH**  
 CITY-ST-ZIP **SAINT PETERSBURG FL 33702-2933**

TITLE **STD** ☐ Delete  
 NAME **CASSELMAN, GEORJEANA**  
 STREET ADDRESS **641 MAPLE OAK CIRCLE UNIT 121**  
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **1101 EDEN ISLE BLVD N.E. #1**  
 CITY-ST-ZIP **ST. PETERSBURG, FL 33704**

TITLE ☐ Change ☒ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DANNY WILLIAMS**

Date

Daytime Phone #

**4-25-01 1-254-829-2429**

CR2E034 (10/00)