

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90033 050 \*\*\*150.00

**DOCUMENT # P00000011744**

1. Entity Name  
**S.A.D.L.E.S., INC.**

Principal Place of Business

24827 RANCH ROAD  
 ASTATULA FL 34705

Mailing Address

24827 RANCH ROAD  
 ASTATULA FL 34705

**756300**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**331 W. Alfred Street**

3. Mailing Address

**331 W. Alfred St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**TAVARES, FL**

City & State

**TAVARES, FL**

4. FEI Number

**59-3626847**

Applied For

Not Applicable

Zip

**32778**

Country

**USA**

Zip

**32778**

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**RICHARD S. BERGHOLTZ, P.A.  
 411 NORTH DONNELLY STREET  
 SUITE 207  
 MOUNT DORA FL 32756**

7. Name and Address of New Registered Agent

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, 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TURZANSKI, CHER</b>	
STREET ADDRESS	<b>24827 RANCH ROAD</b>	
CITY-ST-ZIP	<b>ASTATULA FL 34705</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MYERS, CHER</b>	
STREET ADDRESS	<b>87120 C.R. 452</b>	
CITY-ST-ZIP	<b>GRAND ISLAND, FL 32735</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_

*Cher Turzanski Myers*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**CHER TURZANSKI MYERS**

4-27-01  
 Date

352 742-1311  
 Daytime Phone #

CR2E034 (10/00)