

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2000 8:00 am**  
**Secretary of State**

02-19-2000 90025 049 \*\*\*150.00

**DOCUMENT # P96000058680**

1. Entity Name

**S & A OF ARCADIA, INC.**

Principal Place of Business

Mailing Address

**4810 STATE ROAD 72 NW  
 ARGADIA FL 33821**

**4810 STATE ROAD 72-NW  
 ARGADIA FL 33821**

2. Principal Place of Business

**23181 AJAX AVE**

3. Mailing Address

**23181 AJAX AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**PORT CHARLOTTE**

City & State

**PORT CHARLOTTE**

4. FEI Number

**65-0688200**

Applied For

Not Applicable

Zip

**33952**

Country

**CHARLOTTE**

Zip

**33952**

Country

**CHARLOTTE**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ROWLEE, WAYNE E  
 90 HARDEE STREET  
 LABELLE FL 33975**

7. Name and Address of New Registered Agent

Name

**VICTOR AKERS**

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

**23181 AJAX AVE**

City

**PORT CHARLOTTE**

FL

Zip Code

**33952**

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

*Victor Akers*

**2-9-2000**

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.

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **D SEIBEL, RICHARD**  
 STREET ADDRESS **900 HICKPOOCHEE**  
 CITY-ST-ZIP **LABELLE FL 33935**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D SEIBEL, MARY**  
 STREET ADDRESS **900 HICKPOOCHEE**  
 CITY-ST-ZIP **LABELLE FL 33935**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D AKERS, VICTOR**  
 STREET ADDRESS **900 HICKPOOCHEE**  
 CITY-ST-ZIP **LABELLE FL 33935**

TITLE  Change  Addition  
 NAME **PRESIDENT**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D AKERS, DEBRA**  
 STREET ADDRESS **900 HICKPOOCHEE**  
 CITY-ST-ZIP **LABELLE FL 33935**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 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: *x Victor Akers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**x 2-9-2000**

DATE

**(941)  
 235-1867**

DAYTIME PHONE #

CR2E034 (9/99)