2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L13100

1. Entity Name

SALTY SAND, INC.

FILED

00 JUL -6 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED UBR

Principal Place of Business	Mailing Address
2535 STATE ROAD 16 ST AUGUSTINE FL 32092	2535 STATE ROAD 16 ST AUGUSTINE FL 32092-0703

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country | Zip | Country

4. FEI Number 59-2974411 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATEL, RAMILA R
2535 STATE ROAD 16
ST AUGUSTINE FL 32092

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: ______________________ 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, 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	PD	☐ Delete
NAME	PATEL, RAMU S.	
STREET ADDRESS	2535 STATE ROAD 16	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	STD	☐ Delete
NAME	PATEL, RAMILA R	
STREET ADDRESS	2535 STATE ROAD 16	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	VD	☐ Delete
NAME	GAVAN, RAMILA H	
STREET ADDRESS	2535 STATE ROAD 16	
CITY-ST-ZIP	ST AUGUSTINE FL	
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	VD	☐ Change X Addition
NAME	GAVAN, HASU	
STREET ADDRESS	2535 S. R. 16	
CITY-ST-ZIP	St. Augustine, Fl. 32092	
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		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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: ______________________ 4-7-00 904-825-6745

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

002262