

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721506

1. Entity Name

SANDY WAVES, INC.

FILED

Jun 13, 2000 8:00 am
Secretary of State

06-13-2000 90001 026 ****61.25

Principal Place of Business

3600 OCEAN BEACH BLVD
COCOA BEACH FL 32931
US

Mailing Address

104 W. ALACHUA LN.
COCOA BCH. FL
COCOA BEACH FL 32931-3802
US

2. Principal Place of Business

3. Mailing Address

200 North First St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2261279

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARYANN SMITH
104 W. ALACHUA LN.
#706
COCOA BCH. FL 32931

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME KIRKPATRICK, TRUDEE
STREET ADDRESS 370 CAPRI ROAD
CITY-ST-ZIP COCOA BCH FL 32
☒ Delete

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

TITLE STD
NAME MARYANN SMITH
STREET ADDRESS 104 W. ALACHUA LN.
CITY-ST-ZIP COCOA BCH. FL 32931
☐ Delete

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

TITLE STD
NAME WILLIAM DUNWORTH
STREET ADDRESS 23 WILLIAM AVE.
CITY-ST-ZIP APOPKA FL 32712
☐ Delete

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

TITLE VD
NAME SMITH, MARYANN
STREET ADDRESS 104 W ALACHUA LANE
CITY-ST-ZIP COCOA BCH FL
☒ Delete

TITLE D
NAME Martha Howlberg
STREET ADDRESS 3600 Ocean Beach Boulevard
CITY-ST-ZIP Cocoa Beach FL 32931
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Date

Daytime Phone #

CPB: 10:17 (9/99)