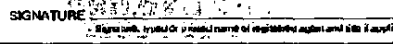


FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90384 037 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000057748		
1. Entity Name THE WHITE SANDS INN CORPORATION		
Principal Place of Business 375 SMITH RD SEDONA, AZ 86336		Mailing Address 375 SMITH RD SEDONA, AZ 86336
2. Principal Place of Business		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
4. FEI Number 85-0784813		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CONROY, DENNIS E 4393 LACEY OAK DR PALM BEACH GARDENS, FL 33410		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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE:  DATE: _____		
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	P CONROY, DENNIS E ☐ Delete	TITLE ☐ Change ☐ Addition
NAME	CONROY, DENNIS E	NAME
STREET ADDRESS	375 SMITH RD	STREET ADDRESS
CITY-ST-ZIP	SEDONA, AZ 86336	CITY-ST-ZIP
TITLE	V CONROY, LAVINA S ☐ Delete	TITLE ☐ Change ☐ Addition
NAME	CONROY, LAVINA S	NAME
STREET ADDRESS	375 SMITH RD	STREET ADDRESS
CITY-ST-ZIP	SEDONA, AZ 86336	CITY-ST-ZIP
TITLE	☐ Delete	TITLE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	☐ Delete	TITLE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	☐ Delete	TITLE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
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 607, 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: <i>Lavin Conroy</i> 4-10-03 928 301-3830		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR		

10079859



☐ CHECK HERE IF MAKING CHANGES

ORF0304 (10/02)