

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90031 040 ***158.75

DOCUMENT # 400662

1. Entity Name

SANDS OF MADERIA REALTY, INC.

Principal Place of Business

**4780 COVE CIRCLE NORTH, APT. #311
MADERIA BEACH FL 33708**

Mailing Address

**4780 COVE CIRCLE NORTH, APT. #311
MADERIA BEACH FL 33708**

2. Principal Place of Business

no change
**4780 COVE CIRCLE NORTH, APT. #311
MADERIA BEACH FL 33708**

3. Mailing Address

no change
**4780 COVE CIRCLE NORTH, APT. #311
MADERIA BEACH FL 33708**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FLORIDA

City & State

FLORIDA

Zip

33708

Country

FLORIDA

Zip

33708

Country

FLORIDA

4. FEI Number

59-1399844

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

STARK, JOHN

**4780 COVE CIRCLE NORTH, APT. #311
MADERIA BEACH FL 33708**

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, 2002 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	<input type="checkbox"/> Delete
NAME	STARK, LILLIAN	
STREET ADDRESS	4780 COVE CIRCLE NORTH, APT. #311	
CITY-ST-ZIP	MADERIA BEACH FL 33708	
TITLE	T	<input type="checkbox"/> Delete
NAME	STARK, ANGELA	
STREET ADDRESS	4268 PRESERVE PLACE	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STARK, KEITH	
STREET ADDRESS	4268 PRESERVE PLACE	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STARK, KEITH JR.	
STREET ADDRESS	4268 PRESERVE PLACE	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	S	<input type="checkbox"/> Delete
NAME	STARK, JOHN	
STREET ADDRESS	4780 COVE CIRCLE NORTH, APT. #311	
CITY-ST-ZIP	MADERIA BEACH FL 33708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Colonial Date 2-20-02 7273936133 CR# 1243 Daytime Phone #

CR2E034 (9/01)