

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90147 019 \*\*\*150.00

MAST700 AV

**DOCUMENT # 445167**

1. Entity Name

**THE SANDCASTLES, INC.**

Principal Place of Business

**712 BCH TRAIL #C  
 INDIAN ROCKS BCH FL 33785**

Mailing Address

**712 BCH TRAIL #C  
 INDIAN ROCKS BCH FL 33785**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**710 BEACH TRAIL**

3. Mailing Address

**710 BEACH TRAIL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**INDIAN ROCKS BEACH, FL.**

City & State

**INDIAN ROCKS BEACH, FL.**

4. FEI Number

**59-1513764**

Applied For

Not Applicable

Zip

**33785**

Country

**USA**

Zip

**33785**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**RIPLEY, WILBERT H  
 712 BEACH TRAIL  
 UNIT C  
 INDIAN ROCKS BEACH FL 33785**

7. Name and Address of New Registered Agent

Name **RIPLEY, WILBERT H.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**710 BEACH TRAIL**  
 City **INDIAN ROCKS BEACH FL** Zip Code **33785**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P RIPLEY, WILBERT H. 2501 W. CRAWFORD STREET TAMPA FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS RIPLEY, GENEVIEVE 2501 W. CRAWFORD STREET TAMPA FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>710 BEACH TRAIL INDIAN ROCKS BEACH, FL. 33785</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>710 BEACH TRAIL INDIAN ROCKS BEACH, FL. 33785</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**WILBERT H. RIPLEY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/11/02 727-595-3544**

CR2E034 (9/01)