

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90215 028 ***150.00

DOCUMENT # 634801

1. Entity Name
SANDDOLLAR BROKERAGE COMPANY

Principal Place of Business

102 SOUTHERN OAK DR.
PLANT CITY FL 33566
US

Mailing Address

102 SOUTHERN OAK DR.
PLANT CITY FL 33566
US

2. Principal Place of Business

827 Russell Drive
 Suite, Apt. #, etc.

3. Mailing Address

827 Russell Drive
 Suite, Apt. #, etc.

City & State

Plant City, Florida

City & State

Plant City, Florida

4. FEI Number

59-1948653

Applied For

Not Applicable

Zip
33566

Country
US

Zip
33566

Country
US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EGDORF, KAREN A
827 RUSSELL DRIVE
PLANT CITY FL 33566

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 **P** ☐ Delete
NAME **EGDORF, KAREN A.**
STREET ADDRESS **827 RUSSELL DR**
CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE **S** ☐ Delete
NAME **MORRIS, NICOLE M**
STREET ADDRESS **4520 OAKCREEK STREET #518**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **T** ☐ Delete
NAME **EGDORF, KERRY L**
STREET ADDRESS **5708 CARDINAL COURT**
CITY-ST-ZIP **GREENDALE WI 53129**

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

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

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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

Date

Daytime Phone #

4-26-02 813 759-9130

CR2E034(9/01)