

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 637641

1. Entity Name
SAND MAN ENTERPRISES, INC.

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90064 044 ***150.00

Principal Place of Business

Mailing Address

**ROUTE 4, BOX 475
TALLAHASSEE FL 32304**

**ROUTE 4, BOX 475
TALLAHASSEE FL 32304**

2. Principal Place of Business

3. Mailing Address

1237 Barineau Rd.

901 Geddie Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tallahassee FL

City & State

Tallahassee, FL

4. FEI Number

59-2039198

Applied For

Not Applicable

Zip

Country

32304

USA

Zip

Country

32304

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CROWDER, JIMMIE T.
1237 BARINEAU ROAD
TALLAHASSEE FL 32304**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **CROWDER, JIMMIE T.**
CITY-ST-ZIP **ROUTE 4, BOX 475
TALLAHASSEE FL**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **1237 Barineau Rd.**
CITY-ST-ZIP **Tallahassee, FL 32304**

TITLE ☐ Delete
NAME **ST**
STREET ADDRESS **JACKSON, LISA C.**
CITY-ST-ZIP **ROUTE 4, BOX 475
TALLAHASSEE FL**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **1237 Barineau Rd.**
CITY-ST-ZIP **Tallahassee, FL 32304**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
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:

Lisa C. Jackson
Sec / Tres

4-9-01

850-576-7176

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)