2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 637641

1. Entity Name

SAND MAN ENTERPRISES, INC.



FILED May 01, 2003 8:00 am Secretary of State

05-01-2003 90268 002 ***150.00

						00 WE 18						
Principal Place of Business 1237 BARINEAU RD TALLAHSSEE FL 32304			Mailing Address 901 GEDDIE RD TALLAHSSEE FL 32304								1184 - 184 -186	
2. Principal Place of Business				3. Mailing Address						###		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State				City & State				4. FEI Number 59-2039198			pplied For ot Applicable	-
Zip Country			Zip		Cour	untry 5. (Certificate of Status Desired		\$8.75 Ac	ditional	1
	6 Name	and Address of Current	Register	ed Agent	نات وفحمتها	-= -7-	Name and Address of New Re	oistered A	lgent.		1	
	0. 7101110	and Address of Carrent	regioter	DO Agont		Name		Traine and Addition of the Inc	9.0.0.00	·gont		┨
CROWDER, JIMMIE T. 1237 BARINEAU ROAD							Street Address (P.O. Box Number is Not Acceptable)					
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TALLAHAS	SSEE FL 32	304								1		1
						City			FL	Zip Cod	de	
	ions of regist		r the purp	pose of changing its	register	ed office or regis	stered ag	gent, or both, in the State of Flor	ida. I am f	amiliar with	, and accept	
SIGNATURE.		or printed name of registered agent a	and title if app	plicable. (NOTI	E: Registere	d Agent signature requ	uired when r	reinstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of				State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.		OFFICERS AND	DIRECTO	DRS	11.		ΑI	DDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTOR	S IN 11	1
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STREET ADDRESS 1237 BARINEAU RD CITY-ST-ZIP TALLAHASSEE FL 32304						EET ADDRESS						3
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NAME	JACKSON	, LISA C.		-, •	NAM	IE .						`
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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 expert like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/0

850-576-7176

Daytime Phone #