

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-29-2001 90017 027 \*\*\*150.00

0634398

**DOCUMENT # F31650**

1. Entity Name  
**SUN & SAND REALTY, INC.**

Principal Place of Business  
**1625 COLONIAL BLVD #A  
FT MYERS FL 33907-1101**

Mailing Address  
**1625 COLONIAL BLVD #A  
FT MYERS FL 33907-1101**

2. Principal Place of Business  
**1412 WINKLER AV.**  
Suite, Apt. #, etc.

3. Mailing Address  
**1412 WINKLER AV.**  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**FT MYERS, FL**  
Zip  
**33901**  
Country  
**USA**

City & State  
**FT MYERS FL**  
Zip  
**33901**  
Country  
**USA**

4. FEI Number **59-2075085**  
Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SAND, LOU B  
1625 COLONIAL BLVD #A  
FT MYERS FL 33907**

7. Name and Address of New Registered Agent

Name **SAME AS IN #6 I.E. LOU B. SAND**  
Street Address (P.O. Box Number is Not Acceptable)  
**1412 WINKLER AV.**  
City **FT. MYERS** **FL** Zip Code **33901**

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 *Lou B. Sand* (**LOU B. SAND PRESIDENT**) 3-27-01  
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

TITLE **P** ☐ Delete  
NAME **SAND, LOU B**  
STREET ADDRESS **1412 WINKLER AVE**  
CITY-ST-ZIP **FT MYERS, FL 00000**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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: *Lou B. Sand* **PRESIDENT** **LOU B. SAND** **3-27-01-941939-3477**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)