

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F94000003669**

1. Entity Name

SANDCASTLES of Georgia Inc.

Principal Place of Business Mailing Address
108 ST. ANDREWS 108 ST. ANDREWS
ST. SIMONS ISLAND, GA 31522 ST. SIMONS ISLAND, GA 31522

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
58-1281161 Not Applicable

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

6. Name and Address of Current Registered Agent

KAMM, ROBERT T
400 SANDESTIN BLVD, S.
DESTIN, FLORIDA 32541

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, 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 **PDC** ☐ Delete
 NAME **ALIAS, FRED V**
 STREET ADDRESS **108 ST. ANDREWS**
 CITY - ST - ZIP **ST. SIMONS ISLAND, GA 31522**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

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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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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

Fred V. Alias

Date

4/15/01

Daytime Phone #

(912) 638-0370

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 JUN -7 AM 8:21

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)