

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90043 011 ***150.00

DOCUMENT # F94000003669

1. Entity Name
SANDCASTLES OF GEORGIA, INC.

Principal Place of Business
108 ST. ANDREWS
ST. SIMON ISLAND GA 31522
US

Mailing Address
108 ST. ANDREWS
ST. SIMON ISLAND GA 31522
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2500 Peachtree Road, NW

Suite, Apt. #, etc.
Unit # 105S

City & State
Atlanta, GA

Zip
30305

Country
United States

3. Mailing Address

2500 Peachtree Road, NW

Suite, Apt. #, etc.
Unit # 105S

City & State
Atlanta, GA

Zip
30305

Country
United States

4. FEI Number
58-1281161

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **PDC Alias, Fred V.**
 STREET ADDRESS **2500 Peachtree Road, NW, Unit # 105S**
 CITY-ST-ZIP **Atlanta, GA 30305**

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

TITLE ☐ Change ☐ Addition
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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 REQUIRED Fred V. Alias

4-15-02 or (404) 231-9155 or (662) 513-4010

Date

Daytime Phone #

CR2E034 (9/01)