

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001864

1. Entity Name

SAND DOLLAR OIL, INCORPORATED

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90029 044 ***150.00

Principal Place of Business

Mailing Address

9230 BAYBERRY BEND, UNIT 204
FORT MYERS FL 33908

9230 BAYBERRY BEND, UNIT 204
FORT MYERS FL 33908-6669

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

48-0901327

Applied For

Not Applicable

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

MILLER, W L
9230 BAYBERRY BEND, UNIT 204
FORT MYERS FL 33908

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, 2000 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 PTD
STREET ADDRESS MILLER, W L
CITY-ST-ZIP 9230 BAYBERRY BEND, UNIT 204
FORT MYERS FL

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

TITLE ☐ Delete
NAME SD
STREET ADDRESS MILLER, ROBERTA K
CITY-ST-ZIP 9230 BAYBERRY BEND, UNIT 204
FORT MYERS FL

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

TITLE ☐ Delete
NAME VD
STREET ADDRESS DECK, DEBORAH
CITY-ST-ZIP 1 PUERTO NUEVO
FOOTHILL RANCH CA

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

TITLE ☐ Delete
NAME D
STREET ADDRESS DECK, GLENN
CITY-ST-ZIP 1 PUERTO NUEVO
FOOTHILL RANCH CA

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

TITLE ☐ Delete
NAME CD
STREET ADDRESS BUCKINGHAM, JOHN
CITY-ST-ZIP 7808 RAMSGATE DR
KNOXVILLE TN

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BUCKINGHAM, KATHRYN
CITY-ST-ZIP 7808 RAMSGATE DR
KNOXVILLE TN

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:

W. LEE MILLER PRESIDENT
W. Lee Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-2000 941/454-5004

Date

Daytime Phone #

CR2E034 (9/99)