## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## H80466 DOCUMENT #

1. Entity Name



## **FILED** Jan 14, 2003 8:00 am Secretary of State

SANDEFUR	R DEVELOPMENT, IN	C.		01-14-2003 90049 026 ****150.00					
Principal Place of Business 806 EAST 25TH STREET SANFORD FL 32771		Mailing Address 806 EAST 25TH STREET SANFORD FL 32771							
2. Principal Place of Business		3. Mailing Address		I TABUTUH ATAN TORIK BARIK BIRKO AKKIR BIRK DIBIK BIRKI					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
City & State		City & State		4. FEI Number 59-2600945 Applied For Not Applicable					
Zip	Country	Zip	Country	5. Certificate of Status Desired					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
CANDEELID	CTANE EV LI		Name	The second secon					
SANDEFUR, STANLEY H.  806 EAST 25TH STREET SANFORD FL 32771			Street Addi	Street Address (P.O. Box Number is Not Acceptable)					
	,,,		City	FL Zip Code					
8. The above nather obligations	med entity submits this statem s of registered agent.	nent for the purpose of changing	its registered office or req	gistered agent, or both, in the State of Florida. I am familiar with, and accept					

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 ENTERED JAN 0 7 2003

9. Election Campaign Financing

DATE

\$5.00 May Be

After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State				7 200	03	Election Campaign Financing     Trust Fund Contribution.		00 May Be d to Fees		
10.	OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SANDEFUR, STANLEY H. 806 EAST 25TH STREET SANFORD FL 32771	□ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	s			☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDEFUR, STANLEY H. 806 EAST 25TH STREET SANFORD FL 32771	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S			☐ Change	Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition		

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 trusted 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 other like empowered.

**SIGNATURE:** 

OF OStanley H. Sandefur/Pres. 1/6/03

407-321-8200

Daytime Phone #