

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # J94503**

1. Entity Name

SANFORD ENTERPRISES, INC.**FILED**
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90028 029 ***150.00

0047087

| | |
|--|--|
| Principal Place of Business 3221 ORLANDO DRIVE SANFORD FL 32773 US | Mailing Address 1300 KETTLEDUM TRL ENTERPRISE FL 32725 |
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| | |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



DO NOT WRITE IN THIS SPACE

| | |
|---------------------------------|--|
| 4. FEI Number 59-2855489 | Applied For <input type="checkbox"/> Not Applicable |
|---------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| |
|---|
| 6. Name and Address of Current Registered Agent DEBOER, GAYLE A. 1300 KETTLEDUM TRL ENTERPRISE FL 32725 |
|---|

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|--|
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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) DATE9. 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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | DEBOER, MELVIN H. | |
| STREET ADDRESS | 1300 KETTLEDUM TRL | |
| CITY-ST-ZIP | ENTERPRISE FL | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | DEBOER, GAYLE A. | |
| STREET ADDRESS | 1300 KETTLEDUM TRL | |
| CITY-ST-ZIP | ENTERPRISE FL | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | WATERS, RICHARD A., JR. | |
| STREET ADDRESS | 1672 HORSESHOE TRL | |
| CITY-ST-ZIP | ENTERPRISE FL 32725 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | WATERS, BRENDA S. | |
| STREET ADDRESS | 1437 STONE TRAIL | |
| CITY-ST-ZIP | ENTERPRISE FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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: GAYLE A. DeBoer
Gayle A. DeBoer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/01

Date

407-322-0479

Daytime Phone #

CR2E034 (10/00)