FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2005 8:00 am
Secretary of State
04-25-2005 90262 002 ***150.00

DOCUMENT # L04889

1. Entity Name

Sanherst, Inc

DO NOT WRITE IN THIS SPACE

20045948

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13949 Beach Blvd.	12492 Masters Ridge
Suite, Apt. #, etc. 204	Suite, Apt. #, etc.
City & State Jacksonville	City & State Jacksonville
Zip 32224 Country DUVAL	Zip 32225 Country DUVAL

4. FEI Number 59-2963516 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SANDRA STOLK President/Secretary 12492 Masters Ridge Dr. JACKSONVILLE, FL. 32225
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C.F.O. / V.P. HERMAN STOLK 12492 Masters Ridge Dr. JACKSONVILLE, FL 32225
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CR2E034B (12/02)

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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Sandra Stolk 4-19-05 904-992-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #