

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90262 016 ****50.00

DOCUMENT # MO1000000103

1. Entity Name
SANDS CONSTRUCTION, L.L.C.

Principal Place of Business

**1505 FIFTH STREET
 LAKE PLACID FL-33825**

Mailing Address

**1505 FIFTH STREET
 LAKE PLACID FL-33825**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

86-0912063

Applied For

Not Applicable

Zip Country

33852

Zip Country

33852

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RHOADES, CLIFFORD R
 227 NORTH RIDGEWOOD DRIVE
 SEBRING FL 33870**

Name

Deanna J. Sparks

Street Address (P.O. Box Number is Not Acceptable)

1505 FIFTH ST.

City **Lake Placid**

FL

Zip Code **33852**

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

Deanna J. Sparks

1-10-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
 NAME **SPARKS, VICTOR**
 STREET ADDRESS **1505 FIFTH STREET**
 CITY-ST-ZIP **LAKE PLACID FL-33825- 33852**

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

TITLE ☐ Delete
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 CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Victor H. Sparks

VICTOR H. SPARKS, MGR

1-10-02

863-465-5481

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)