

**2002 UNIFORM BUSINESS REPORT (UBR)**

3/15/

**FILED**  
**Apr 28, 2002 8:00 am**  
**Secretary of State**

03-15-2002 90020 025 \*\*\*\*61.25

**DOCUMENT # N93000004150**

1. Entity Name

**SANFORD MAIN STREET, INC.**

Principal Place of Business

Mailing Address

209 B W 1ST STREET  
 SANFORD FL 32771  
 US

P O BOX 1741  
 SANFORD FL 32772  
 US

2. Principal Place of Business

**230 E. First Street**

3. Mailing Address

**Same as above**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Sanford, FL**

City & State

4. FEI Number

**59-3191854**

Applied For

Not Applicable

Zip

**32771**

Country

**Seminole**

Zip

Country

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

**FERRELL, CAREY**  
**200 WOODS TRAIL**  
**SANFORD FL 32771**

Name **Robert Kuhn**

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

**313 Palmetto Ave**

**Sanford**

City

**FL**

Zip Code

**32771**

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME PD  
 STREET ADDRESS FERRELL, CAREY  
 CITY-ST-ZIP 200 WOODS TRAIL  
 SANFORD FL 32771

TITLE  Change  Addition  
 NAME PD  
 STREET ADDRESS Robert Kuhn  
 CITY-ST-ZIP 313 Palmetto Ave.  
 Sanford, FL 32771

TITLE  Delete  
 NAME VPD  
 STREET ADDRESS KUHN, BOB  
 CITY-ST-ZIP 313 PALMETTO AVE  
 SANFORD FL 32771

TITLE  Change  Addition  
 NAME VPD  
 STREET ADDRESS Alec Then  
 CITY-ST-ZIP 1019 Magnolia Ave.  
 Sanford, FL 32771

TITLE  Delete  
 NAME TD  
 STREET ADDRESS HOUSE, KIM  
 CITY-ST-ZIP 1105 OAK AVENUE  
 SANFORD FL 32771

TITLE  Change  Addition  
 NAME TD  
 STREET ADDRESS Gary Howell  
 CITY-ST-ZIP 121 N. Summerlin  
 Sanford, FL 32771

TITLE  Delete  
 NAME PD  
 STREET ADDRESS FITZGERALD, BERNARD  
 CITY-ST-ZIP 201 E 1ST STREET  
 SANFORD FL 32772-1788

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS Linda Kuhn - sec.  
 CITY-ST-ZIP 313 Palmetto Ave  
 Sanford FL 32771

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 617, 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

**Robert Kuhn**

**2/28/02 407-330-4738**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (9/01)