

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005654

1. Entity Name

MISSION SANDBOX, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90040 019 ****70.00

Principal Place of Business

319 CLEMATIS STREET
SUITE 804
WEST PALM BEACH FL 33401

Mailing Address

319 CLEMATIS STREET
SUITE 804
WEST PALM BEACH FL 33401-4622

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0866167

Applied For

Not Applicable

Zip

Country

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

MITCHELL, ANITA K
319 CLEMATIS STREET
SUITE 804
WEST PALM BEACH FL 33401

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.

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	VD	<input type="checkbox"/> Delete
NAME	MITCHELL, ANITA	
STREET ADDRESS	319 CLEMATIS STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, CAROLE	
STREET ADDRESS	319 CLEMATIS ST STE 304	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ZUCARO, AL	
STREET ADDRESS	319 CLEMATIS STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ROBERTS, CAROL	
STREET ADDRESS	319 CLEMATIS STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRENNER, MELANIE	
STREET ADDRESS	400 CLEMATIS ST	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSS, GREGORY	
STREET ADDRESS	400 CLEMATIS ST STE 201	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	

TITLE	Kimberly Pinsky	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	319 Clematis Street	
STREET ADDRESS	West Palm Beach, FL 33401	
CITY-ST-ZIP		
TITLE	Patrick J. Rooney JR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	319 Clematis St	
STREET ADDRESS	West Palm Beach FL 33401	
CITY-ST-ZIP		
TITLE	Patricia Velasquez	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	319 Clematis St.	
STREET ADDRESS	West Palm Beach FL 33401	
CITY-ST-ZIP		
TITLE	David Goodlett	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Resigned Feb 21, 2000	
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		

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)