2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 91169 023 ***158.75

DOCUMENT # P00000007451

1. Entity Name
White Sands Group, Inc.

Principal Place of Business: 727 North Drive, Melbourne, FL 32934
Mailing Address: Suite K 32934

771278

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
727 North Drive	727 North Drive
Suite, Apt. #, etc.: Suite K	Suite, Apt. #, etc.: Suite K
City & State: Melbourne, FL	City & State: Melbourne, FL
Zip: 32934 Country: USA	Zip: 32934 Country: USA

4. FEI Number: 59-3633657 ☐ Applied For ☐ Not Applicable

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
ALAN D. WILLIAMS 8216 Hampshire DR. Sebring, FL 33870	Name: Thomas Stevens Street Address (P.O. Box Number is Not Acceptable): 727 North Dr. Suite K City: Melbourne FL Zip Code: 32934

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] Thomas Stevens President 4-30-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. 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 State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: P/T NAME: Thomas Stevens STREET ADDRESS: 727 North Drive CITY-ST-ZIP: Melbourne, FL 32934	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: S NAME: Deborah Stevens STREET ADDRESS: 727 North Drive CITY-ST-ZIP: Melbourne, FL 32934	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: [signature] Thomas Stevens 4-30-01 (321) 751-9577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR