

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000046337

1. Entity Name

SANDPIPER BROKERAGE, INC.

Principal Place of Business

9551 TRIGGERS PASS ROAD
JACKSONVILLE FL 32210

Mailing Address

9551 TRIGGERS PASS ROAD
JACKSONVILLE FL 32210

2. Principal Place of Business

6114 GOODMAN RD

3. Mailing Address

6114 GOODMAN RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 1B

STE 1B

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32244

Country

FLORIDA

Zip

32244

Country

FLORIDA

4. FEI Number

59-364-4514

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

GORDON, SANDRA

9551 TRIGGERS PASS ROAD
JACKSONVILLE FL 32210

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

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	D	<input type="checkbox"/> Delete
NAME	GORDON, SANDRA	
STREET ADDRESS	9551 TRIGGERS PASS ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

0015184

CR2E034 (10/00)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90098 015 ***150.00