

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90120 002 \*\*\*150.00

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**DOCUMENT # P00000049025**

1. Entity Name

**SANDS ENTERPRISES, INC.**

Principal Place of Business

1650 S. BANANA RIVER DR.  
 MERRITT ISLAND FL 32952

Mailing Address

1650 S. BANANA RIVER DR.  
 MERRITT ISLAND FL 32952

2. Principal Place of Business

487 Peachtree St.  
 Suite, Apt. #, etc.

3. Mailing Address

487 Peachtree St.  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Cocoa, FL

City & State

Cocoa, FL

4. FEI Number

59-3645716

Applied For

Not Applicable

Zip

32952

Country

Brevard

Zip

32952

Country

Brevard

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANDS, TAMI  
 1650 S. BANANA RIVER DR.  
 MERRITT ISLAND FL 32952

7. Name and Address of New Registered Agent

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, 2002 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

TITLE PO ☐ Delete  
 NAME SANDS, TAMI  
 STREET ADDRESS 1650 S BANANA RIVER DR  
 CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☒ Addition  
 NAME Officer  
 STREET ADDRESS David N. Sands  
 CITY-ST-ZIP 1650 S. Banana River Dr.  
 Merritt Isl., FL 32952

TITLE ☐ Change ☒ Addition  
 NAME Officer  
 STREET ADDRESS Ray Ackley  
 CITY-ST-ZIP 725 Brookside  
 Indiatlantic, FL 32903

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

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

TITLE ☐ Change ☐ 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

4/3/02

321-453-2214

CR2E034 (9/01)