

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90253 024 ***150.00

DOCUMENT # P00000064567 ✓
1. Entity Name
SAND DOLLAR DISTRIBUTORS, INC.

Principal Place of Business Mailing Address
3184 N. ANDREWS AVE. EXT. SAME
POMPANO BEACH, FL 33064

2. Principal Place of Business SAME
Suite, Apt. #, etc.

3. Mailing Address SAME
Suite, Apt. #, etc.

City & State

City & State

Zip

Country
U.S.

Zip

Country
U.S.

4. FEI Number
65-1035837

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JEANNE SEEWALD
ROETZEL + ANDRESS
850 PARK SHORE DRIVE
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name GREG SANDEFUR
Street Address (P.O. Box Number is Not Acceptable)
3184 N. ANDREWS AVE. EXT.
City POMPANO BEACH FL 33064

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 X GREG SANDEFUR GREGORY C. SANDEFUR CEO X 4.25.01
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 ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
<u>CITISID</u>	<u>GREGORY C. SANDEFUR</u>	<u>3184 N. ANDREWS AVE. EXT.</u>	<u>POMPANO BEACH FL 33064</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>PID</u>	<u>KIM RIDLING SANDEFUR</u>	<u>3184 N. ANDREWS AVE. EXT.</u>	<u>POMPANO BEACH FL 33064</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (1/1/00)

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: X GREG SANDEFUR GREGORY C. SANDEFUR CEO X 4.25.01 954-972-2855
Signature, typed or printed name of signing officer or director Date Daytime Phone #