

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

00000064

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

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

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number 65-1035837 Applied For Not Applicable

Zip Country U.S. Zip Country U.S. 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JEANNE SEEWALD
NOETZEL + ANDREWS
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 Zip Code 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. **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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)