

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000086328

1. Entity Name

S E SANFORD BUILDER, INC.

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 91137 020 ***150.00

Principal Place of Business

C/O SANFORD E. SANFORD
102 SW EXMORE AVE.
PT. ST. LUCIE FL 34983

Mailing Address

C/O SANFORD E. SANFORD
102 SW EXMORE AVE.
PT. ST. LUCIE FL 34983

2. Principal Place of Business

* 3228 SE QUAY ST.
Suite, Apt. #, etc.

3. Mailing Address

3228 SE QUAY ST.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PORT ST LUCIE, FL

City & State

PORT ST LUCIE, FL

4. FEI Number

65-1027670

Applied For

Not Applicable

Zip

Country

34984 USA

Zip

Country

34984 USA

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

EDGE, JOSEPH
C/O THE TAX SHOPPE
932 SW BAYSHORE BLVD.
PT. ST. LUCIE FL 34983

Name

MARIAN SANFORD

Street Address (P.O. Box Number is Not Acceptable)

3228 SE QUAY ST.

City

PORT ST. LUCIE

FL

Zip Code

34984

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

Marian Sanford

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/01

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 ☐ Delete
NAME PRESIDENT
STREET ADDRESS SANFORD, E. SANFORD
CITY-ST-ZIP 3228 SE QUAY ST.
PT. ST. LUCIE, FL 34984

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

TITLE ☐ Delete
NAME VICE PRESIDENT
STREET ADDRESS MICHAEL OHAW
CITY-ST-ZIP 1116 SW ARC CT.
PORT ST. LUCIE, FL 34953

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

TITLE ☐ Delete
NAME TREASURER
STREET ADDRESS MARIAN SANFORD
CITY-ST-ZIP 3228 SE QUAY ST.
PORT ST. LUCIE, FL 34984

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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

Marian Sanford (MARIAN SANFORD-TREAS)

4/26/01

561-873-9361

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)