

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 05, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000089902**1. Entity Name
SANDCASTLE FINANCIAL CORPORATIONPrincipal Place of Business
10782 MAPLE CHASE DR.

BOCA RATON FL BOCA RATON FL
33498 33498Mailing Address
10782 MAPLE CHASE DR.2. Principal Place of Business
10782 MAPLE CHASE DRIVE3. Mailing Address
10782 MAPLE CHASE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BOCA RATON FLCity & State
BOCA RATON FL4. FEI Number
65-1042961Applied For
Not ApplicableZip Country
33498Zip Country
334985. 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**MASON KIRK A
10782 MAPLE CHASE DR.BOCA RATON FL
33498Name
MASON KIRK AStreet Address (P.O. Box Number is Not Acceptable)
10782 MAPLE CHASE DRIVECity FL Zip Code
BOCA RATON 33498

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 _____ **04/05/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. 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 DV ☐ Delete
NAME SACCONI VANESSA M
STREET ADDRESS 10782 MAPLE CHASE DR.
CITY-ST-ZIP BOCA RATON FL 33498TITLE DV ☒ Change ☐ Addition
NAME SACCONI VANESSA M
STREET ADDRESS 10782 MAPLE CHASE DRIVE
CITY-ST-ZIP BOCA RATON FL 33498TITLE DP ☐ Delete
NAME MASON KIRK A
STREET ADDRESS 10782 MAPLE CHASE DR.
CITY-ST-ZIP BOCA RATON FL 33498TITLE DP ☒ Change ☐ Addition
NAME MASON KIRK A
STREET ADDRESS 10782 MAPLE CHASE DRIVE
CITY-ST-ZIP BOCA RATON FL 33498TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: KIRK A MASON

DP

04/05/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)