

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000113661

1. Entity Name
SAND MOUNTAIN APPRAISERS, INC.



APPROVED
AND
FILED

03 OCT -6 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
~~26410 SUNDERLAND DR., UNIT 3102~~
BONITA SPRINGS FL 34135

Mailing Address
~~26410 SUNDERLAND DR., UNIT 3102~~
BONITA SPRINGS FL 34135

2. Principal Place of Business
~~26380 CLARKSTON DR~~
Suite, Apt. #, etc.

3. Mailing Address
~~26380 CLARKSTON DR~~
Suite, Apt. #, etc.

REINSTATEMENT 2003
☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number 59-1968316

Applied For
Not Applicable

Zip Country

Zip Country

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

KRAKOFF, WILLIAM P
~~26410 SUNDERLAND DR., UNIT 3102~~
BONITA SPRINGS FL 34135

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
P KRAKOFF, WILLIAM P
STREET ADDRESS ~~26410 SUNDERLAND DR., #3102~~
CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE NAME ☒ Change ☐ Addition
26380 CLARKSTON DR
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
VP KRAKOFF, CAROL M
STREET ADDRESS ~~26410 SUNDERLAND DR., #3102~~
CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE NAME ☒ Change ☐ Addition
26380 CLARKSTON DR
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0108063 AV

CR2E034 (4/03)