2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90324 029 ***150.00

DOCUMENT # P01000048797

1. Entity Name
SANDERS MANAGEMENT CONSULTING, INC.

2. Principal Place of Business
1111 LAKESHORE DR
UNIT B-5
EUSTIS, FL 32726

Mailing Address
1111 LAKESHORE DR
UNIT B-5
EUSTIS, FL 32726

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business | 3. Mailing Address
Street Address | Suite, Apt. #, etc.
City & State | City & State
Country | Zip | Country

4. FEI Number
59-3719343
☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS E. SANDERS
1111 LAKESHORE DR
UNIT B-5
EUSTIS, FL 32726

7. Name and Address of New Registered Agent

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.

SIGNATURE (Type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

9. If the corporation is eligible to satisfy its intangible tax filing requirement and elects to do so (see reverse side) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 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

PD
THOMAS E. SANDERS
1111 LAKESHORE DR UNIT B-5
EUSTIS, FL 32726

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (FILL IN)

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Add

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 added above or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas E. Sanders 4-29-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #