

2004 FOR PROFIT CORPORATION 2004
UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90783 027 ***150.00

DOCUMENT # P01000048199

1. Entity Name

SANDERS MANAGEMENT
CONSULTING, INC.



DO NOT WRITE IN THIS SPACE

14018858

2. Principal Place of Business

3. Mailing Address

1111 LAKESHORE DR, 1111 LAKESHORE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT # B-5

APT # B-5

City & State

City & State

EUSTIS, FL

EUSTIS, FL

Zip

Zip

32126

U.S.A.

32126

U.S.A.

4. FEI Number

59-3719343

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

THOMAS E. SANDERS

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

1111 LAKESHORE DR, APT # B-5

City

EUSTIS

FL

Zip Code

32126

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IN THIS SPACE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
THOMAS E. SANDERS
1111 LAKESHORE DR, B-5
EUSTIS, FL 32126

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
BOB GARMAN
3400 LAKE CENTER DR
#4 MOUNT DORA, FL 32151

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE

BOB GARMAN
ACCOUNTANT 5-1-04 383-7181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)