

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90076 021 ***150.00

DOCUMENT # P02000024701

1. Entity Name
SANDI'S HANG-UPS, INC.



Principal Place of Business

**3614 BOWDEN CIRCLE, WEST
JACKSONVILLE FL 32216**

Mailing Address

**3614 BOWDEN CIRCLE, WEST
JACKSONVILLE FL 32216**

3632 Bowden Circle
Moved

2. Principal Place of Business

3632 Bowden Cir W

3. Mailing Address

3632 Bowden Cir W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FL 32216

City & State

Jacksonville FL

Zip

32216

Country

Duval

Zip

32216

Country

Duval

4. FEI Number

05-0525391

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

HARLEN, SANDRA L

**3614 BOWDEN CIRCLE, WEST ← 3632
JACKSONVILLE FL 32216**

WRONG #

7. Name and Address of New Registered Agent

Name

Sandra L-Harlen

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

3632 Bowden Cir. W.

Jacksonville FL 32216

City

FL

Zip Code

32216

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

Sandra L. Harlen

(NOTE: Registered Agent signature required when reinstating)

DATE

2-10-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

TITLE **D** ☐ Delete
NAME **HARLEN, SANDRA L**
STREET ADDRESS **3614 BOWDEN CIRCLE, WEST**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 all other like empowered.

SIGNATURE:

Sandra L. Harlen

2-10-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)