

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90412 017 ***150.00

DOCUMENT # **P020000 35099**

1. Entity Name

SARDONYX46, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3013 N. OAKLAND FOREST DR

Suite, Apt. #, etc.

#302

City & State

OAKLAND PARK, FL

Zip
33309

Country

UNITED STATES

3. Mailing Address

3013 N. OAKLAND FOREST DR

Suite, Apt. #, etc.

#302

City & State

OAKLAND PARK, FL

Zip
33309

Country

UNITED STATES

DO NOT WRITE IN THIS SPACE

4. FEI Number

04-3688177

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **WIL KELSEY**

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

3013 N. OAKLAND FOREST DR. #302

City **OAKLAND PARK**

FL

Zip Code
33309

**DO NOT WRITE
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
**Wil Kelsey - Director
3013 N. Oakland Forest Dr. #302
Oakland Park, FL 33309**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

WIL KELSEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03
Date


954-678-3505
Daytime Phone #

CR2E034B (12/02)

attachment

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

#02000035099

DOCUMENT # <u>PD20000 35099</u> <small>1. Entity Name</small> SARDONYX46, INC.		
DO NOT WRITE IN THIS SPACE		
<small>2. Principal Place of Business</small> 3013 N. OAKLAND FOREST DR <small>Suite, Apt. #, etc.</small> #302 <small>City & State</small> OAKLAND PARK, FL <small>Zip</small> 33309	<small>3. Mailing Address</small> 3013 N. OAKLAND FOREST DR <small>Suite, Apt. #, etc.</small> #302 <small>City & State</small> OAKLAND PARK, FL <small>Zip</small> 33309	<small>4. FEI Number</small> 04-3688177 <small>Applied For</small> <input type="checkbox"/> Not Applicable <small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE		<small>7. Name and Address of Current Registered Agent</small> Name <u>WIL KELSEY</u> <small>Street Address (P.O. Box Number is Not Acceptable)</small> 3013 N. OAKLAND FOREST DR. #302 <small>City</small> <u>OAKLAND PARK</u> FL <small>Zip Code</small> <u>33309</u>
<small>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.</small>		
<small>SIGNATURE</small> _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small> _____		
<small>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</small>		<small>9. Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<u>Wil Kelsey - Director</u> 3013 N. Oakland Forest Dr. #302 Oakland Park, FL 33309	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>
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SIGNATURE: <u>Wil Kelsey</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/28/03</u> <u>954-678-3505</u> <small>Date Daytime Phone #</small>

CR2E034B (12/02)