

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

DOCUMENT # P02000041391

1. Entity Name
SAND DOLLAR INVESTMENTS, INC.



03-24-2003 90939 001 ***150.00
03-24-2003 90939 002 *****8.75

Principal Place of Business
**1200 GULF BLVD #1801
CLEARWATER FL 33767**

Mailing Address
**1200 GULF BLVD #1801
CLEARWATER FL 33767**



2. Principal Place of Business
253 INDIAN ROCKS RD
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 774
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
LARGO, FL
Zip
33770
Country
USA

City & State
INDIAN ROCKS BEACH, FL
Zip
33785
Country
USA

4. FEI Number
02-0600551
Applied For
☐ Not Applicable

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

DOLEZAL, EDWARD J JR
1200 GULF BLVD #1801
CLEARWATER FL 33767

Name
Street Address (P.O. Box Number is Not Acceptable)
253 INDIAN ROCKS ROAD
City
LARGO **FL** Zip Code
33770

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 *Edward J Dolezal Jr* **EDWARD J DOLEZAL JR** **3/21/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		C/P EDWARD J DOLEZAL JR 253 INDIAN ROCKS ROAD LARGO FL 33770	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		S/D BEVERLY M. DOLEZAL 253 INDIAN ROCKS ROAD LARGO FL 33770	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Edward J Dolezal Jr* **EDWARD J DOLEZAL JR** **3/21/03** **727-586-6999**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

0495811 AV

CR2E034 (10/02)