

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90118 044 ***150.00

DOCUMENT # P02000042085

1. Entity Name
DESAND, INC.



Principal Place of Business
**4134 GULF OF MEXICO DRIVE
SUITE 302
LONGBOAT KEY FL 34228**

Mailing Address
**4134 GULF OF MEXICO DRIVE
SUITE 302
LONGBOAT KEY FL 34228**

2. Principal Place of Business
3945 14th ST. WEST

3. Mailing Address
P.O. BOX 9209

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BRADENTON, FLA

City & State
BRADENTON, FLA

4. FEI Number
02-0602184

Applied For
Not Applicable

Zip Country
34205 USA

Zip Country
34206 USA

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SANDERCOMBE, DAVID
4134 GULF OF MEXICO DRIVE
SUITE 302
LONGBOAT KEY FL 34228**

7. Name and Address of New Registered Agent

Name
SANDERCOMBE, DAVID
Street Address (P.O. Box Number is Not Acceptable)
15605 WATERLINE ROAD
City
BRADENTON FL Zip Code
34212

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

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	PD	<input type="checkbox"/> Delete
NAME	SANDERCOMBE, DAVID	
STREET ADDRESS	4134 GULF OF MEXICO DRIVE SUITE 302	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERCOMBE, DAVID	
STREET ADDRESS	15605 WATERLINE ROAD	
CITY-ST-ZIP	BRADENTON, FL 34212	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)