

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-24-2003 90081 039 ***150.00

DOCUMENT # P02000058817

1. Entity Name
SANDIFER, INC.



Principal Place of Business
9899 TAMARRON COURT
N FT MYERS FL 33903

Mailing Address
9899 TAMARRON COURT
N FT MYERS FL 33903



2. Principal Place of Business

11621 S. CLEVELAND AVE

3. Mailing Address

11621 S. CLEVELAND AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #4

SUITE #4

City & State

City & State

Fort Myers, FL

Fort Myers, FL

Zip

Zip

Country

Country

33907

33907

USA

USA

4. FEI Number

04-3687830

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MEEHAN, WILLIAM P
1950 COURTNEY DR #205
FT MYERS FL 33901-9017

7. Name and Address of New Registered Agent

Name

William SANDIFER, Jr

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

11621 S. CLEVELAND AVE

SUITE #4

City

Fort Myers

FL

Zip Code

33907

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

1-21-2003

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 **SANDIFER, WILLIAMS S II**
STREET ADDRESS **9899 TAMARRON COURT**
CITY-ST-ZIP **N FT MYERS FL 33903**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **William S. SANDIFER, Jr**
STREET ADDRESS **11621 S. CLEVELAND AVE, SUITE #4**
CITY-ST-ZIP **Fort Myers, FL 33907**

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

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

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

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

TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-2003 239-275-5200

Date

Daytime Phone #

CR2E034 (10/02)