

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

05-01-2003 90992 043 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000088600

1. Entity Name
D & S SANDING, INC.



Principal Place of Business
**2577 SNAPDRAGON AVE
MIDDLEBURG, FL 32068**

Mailing Address
**PO BOX 1442
MIDDLEBURG, FL 32050**

2. Principal Place of Business
3585 DYESS ROAD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIDDLEBURG FL

City & State

Zip

Country

Zip

Country

32068 US

4. FEI Number

76-0713062

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

**MOORE, DOUGLAS
2577 SNAPDRAGON AVE
MIDDLEBURG, FL 32068**

7. Name and Address of New Registered Agent

Name

WILLIAM RAMSEY

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

1728 KINGSLEY AVE #198

City

ORANGE PARK

FL

Zip Code

32073

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

04-28-03

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
**PT
MOORE, DOUGLAS
2577 SNAPDRAGON AVE
MIDDLEBURG, FL 32068** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
MCVEIGH, STACEY
2585 DYESS ROAD
MIDDLEBURG, FL 32068** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
MCVEIGH, STACEY
3585 DYESS ROAD
MIDDLEBURG, FL 32068.** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/28/03

Daytime Phone #

CR2E034 (10/02)