

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

ATX1

| | |
|---------------------------------------|--|
| DOCUMENT # <i>POS 00051151</i> | |
| 1. Entity Name | |
| SANDRA AIKEN PA | |

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE

06 MAR 22 AM 9:28

DO NOT WRITE IN THIS SPACE

| | | | |
|--|----------------|---------------------------|----------------|
| 2. Principal Place of Business 10431 SE 49TH COURT APT 5 | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State BELLEVUE, FL | | City & State | |
| Zip 34420 | Country | Zip | Country |

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| | | | |
|--|--|---------------------------------------|--|
| 4. FEI Number 20-3781223 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *AIKEN, SANDRA*
Street Address (P.O. Box Number is Not Acceptable)
1043 SE 49th Ct, Apt #5
City *BELLEVIEW* **FL** **Zip Code** *34420*

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT SANDRA AIKEN 10431 SE 49TH CT APT 5 BELLEVUE FL 34420 |
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11.

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 500069965035 04/10/06--01071--013 **150.00 |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Sandra Aiken
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANDRA AIKEN

2-21-06

Date

352 638-2730

Daytime Phone #

MAR 22 2006