

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90044 036 ***150.00

0032164 AV

DOCUMENT # P94000008867

1. Entity Name
POWERLINE SAND, INC.

Principal Place of Business

~~8747 W. BEAVER STREET~~
~~JACKSONVILLE FL 32220~~
~~US~~

Mailing Address

~~P.O. BOX 6321~~
~~JACKSONVILLE FL 32236-521~~
~~US~~



2. Principal Place of Business

13400 Sutton Park Drive S.

Suite, Apt. #, etc.
#1104

City & State
JACKSONVILLE, FL

Zip Country
32224 US

3. Mailing Address

13400 Sutton Park Dr. S.

Suite, Apt. #, etc.
#1104

City & State
JACKSONVILLE, FL

Zip Country
32224 US

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3222755**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DEBEER, HENDRICK C

~~8747 W. BEAVER STREET~~ **13400 Sutton Pk. Dr. S. #1104**
~~JACKSONVILLE FL 32220~~ **JACKSONVILLE, FL 32224**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-21-02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
 NAME **DEBEER, HENDRICK C**
 STREET ADDRESS ~~8747 W. BEAVER STREET~~ **13400 Sutton Pk. Dr. S. #1104**
 CITY-ST-ZIP ~~JACKSONVILLE FL 32220~~ **JACKSONVILLE, FL 32224**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME **#1104**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)