

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90066 046 ***150.00

DOCUMENT # P94000016320

1. Entity Name
WHITE SANDS PROPERTY MANAGEMENT, INC.

Principal Place of Business
907 KLOSTERMAN RD. EAST
TARPON SPRINGS FL 34689
US

Mailing Address
907 KLOSTERMAN RD. EAST
TARPON SPRINGS FL 34689
US



2. Principal Place of Business
1433 Chesterfield Dr.
Suite, Apt. #, etc.

3. Mailing Address
1433 Chesterfield Dr.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Dunedin, FL
Zip
34698
Country
USA

City & State
Dunedin, FL
Zip
34698
Country
USA

4. FEI Number **59-3226829**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PERKINS, CHRISTINE
907 KLOSTERMAN ROAD E.
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent

Name **Christine Perkins**
Street Address (P.O. Box Number is Not Acceptable) **1433 Chesterfield Dr**
City **Dunedin** **FL** **Zip Code** **34698**

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 Christine Perkins - Christine Perkins **4/15/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> Delete
NAME	PERKINS, ARTHUR	
STREET ADDRESS	1433 CHESTERFIELD DRIVE	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	NEIMAN, BONNIE T	
STREET ADDRESS	2106 SUSSEX CT	
CITY-ST-ZIP	PALM HARBOR FL	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christine Perkins	
STREET ADDRESS	1433 Chesterfield Dr	
CITY-ST-ZIP	Dunedin, FL 34698	
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		

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: Christine Perkins **4/15/02** **727-736-2156**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)