2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 8:00 am
Secretary of State
04-11-2000 90059 003 ***150.00

L0037640

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000024746

1. Entity Name
SANDCASTLE REALTY, INC.

Principal Place of Business	Mailing Address
~~154 106TH AVE.~~ 201 108 th Ave	~~154 108TH AVE.~~ 201 108 th Ave
TREASURE ISLAND FL 33706	TREASURE ISLAND FL 33706-4820

2. Principal Place of Business	3. Mailing Address
201 108 th Ave.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TREASURE ISLAND Fl	City & State
Zip: 33706 / Country: P/	Zip / Country

4. FEI Number 59-3233764 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DUNNE, JOHN P 10575 68TH AVENUE NORTH SUITE A-3 SEMINOLE FL 34642	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

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WASHEK, JUDY A	NAME	
STREET ADDRESS	9359 BLIND PASS RD 204	STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WORKMAN, MATTHEW	NAME	
STREET ADDRESS	8615 E. BAY DR. #17	STREET ADDRESS	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

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: Judy A Washek 04-06-00 727-367-1223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #