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

## P94000024746 DOCUMENT #

1. Entity Name

SANDCASTLE REALTY, INC.



## **FILED** Mar 10, 2003 8:00 am Secretary of State

03-10-2003 90176 036 \*\*\*150.00

	·						
Principal Place of Business 201 108TH AVE TREASURE ISLAND FL 33706		Mailing Address 201 108TH AVE TREASURE ISLAND FL 33706					
2. Principal Place of Business		3. Mailing Address				HI <b>3</b> 18H 1 <b>33</b> H 1	HONE ON HOO
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State		City & State		4.	FEI Number <b>59-3233764</b>		oplied For ot Applicable
Zip	Country	Zip	Country	5.		\$8.75 Add	ditional
	6. Name and Address of Current	Registered Agent		7.	Name and Address of New Registered A	gent	
DI 1844 IT 1	~~ ~~ · · · ·	Name *	Name -				
DUNNE, J 10833 70			Street Address		P.O. Box Number is Not Acceptable)		
	E FL 34642						
			City		FL	Zip Cod	e
8. The above the obligation SIGNATURE	tions of registered agent.		s registered office or re	egistered a	gent, or both, in the State of Florida. I am fa	 ımiliar with,	and accept
* **.	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered Agent signature	required when	reinstating) DATE		
A Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State			9. Election Campaign Financing Trust Fund Contribution.		May Be to Fees
10.	. OFFICERS AND	DIRECTORS	11.	Α	L DDITIONS/CHANGES TO OFFICERS AND	DIRECTOR:	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	PTS WASHEK, JUDY A 750 CASPRI BLVD TRESASURE ISLAND FL 33706	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WORKMAN, MATTHEW 18317 SUNSET BLVD RODINGTON SHORES FL 33708	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAT 12 10 SAF	THEW WORKMAN , WOODEREST AVE. ETY HARBOR, 21.34	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	en - To Samuel and Section and	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		☐ Change	Addition
TITLE NAME STREET ADDRESS CHTY-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:**