

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P94000090484**

1. Entity Name

**SANCO I, INC.****FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90587 002 \*\*\*150.00

Principal Place of Business

**C/O RENDINA COMPANIES**  
**222 LAKEVIEW AVE., FLOOR 17**  
**WEST PALM BCH FL 33401**  
**US**

Mailing Address

**C/O DONALD SANDS**  
**THE HIGHLANDS**  
**SEATTLE WA 98177-5002**  
**US**

2. Principal Place of Business

**GARDENS CORPORATE CENTER**  
Suite, Apt. #, etc.  
**3801 PGA BLVD Suite 511**

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

**PALM BEACH GARDENS, FL**

City &amp; State

Zip

Country

**33410****USA**

Zip

Country

4. FEI Number **65-0541373**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**DONALD A. SANDS**  
**C/O RENDINA COMPANIES**  
**222 LAKEVIEW AVE, 17TH FLOOR**  
**WEST PALM BCH FL 33401**

7. Name and Address of New Registered Agent

Name

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

**C/O RENDINA COMPANIES****3801 PGA BLVD Suite 511****PALM BEACH GARDENS****FL**

Zip Code

**33410**

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, 2001 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 **D** ☐ Delete  
NAME **SANDS, DONALD A**  
STREET ADDRESS **THE HIGHLANDS**  
CITY-ST-ZIP **SEATTLE WA 98177-5002**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Donald A. Sands*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Donald A. Sands, President**

Date

Daytime Phone #

**2/9/2001 206 362 1428**

CR2E034 (10/00)