

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000010005**

1. Entity Name

DITCH 5 SAND MINE, INC.**FILED****Mar 15, 2001 8:00 am**
Secretary of State

03-15-2001 90028 005 ***150.00

Principal Place of Business

22200 STATE ROAD 60
VERO BEACH FL 32966

Mailing Address

POST OFFICE BOX 2925
VERO BEACH FL 32691

2. Principal Place of Business

No Change

3. Mailing Address

1601 Forum Pl.

Suite, Apt. #, etc.

906

City & State

W Palm Bch, FL

Zip

33401

Country

Palm Beach

City & State

W Palm Bch, FL

Zip

33401

Country

Palm Beach

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0554279

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional**
Fee Required

6. Name and Address of Current Registered Agent

SALES, RONALD
1601 FORUM PLACE, SUITE 906
WEST PALM BEACH FL 33401

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

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPAS
SALES, RONALD
1601 FORUM PLACE, STE 906
WEST PALM BEACH FL 33401 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPTD
KRUPNICK, JON
700 SE THIRD AVENUE STE. 100
FORT LAUDERDALE FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/12/2001** Daytime Phone #

CR2E034 (10/00)