## FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 20, 2000 8:00 am Secretary of State DOCUMENT # P95000011499 1. Entity Name 05-20-2000 90001 020 \*\*\*150 00 SAND SPECIALISTS, INC. Principal Place of Business Mailing Address 430 46 COURT CC 46 COURT VERO BEACH FL 32968-1850 L... BEACH FL 32968 2. Principal Place of Business スも DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State 65-0552869 Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name BISHOP, DAVID H. Street Address (P.O. Box Number is Not Acceptable) **430 46 STREET VERO BEACH FL 32968** City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Defete TITLE TITLE BISHOP, DAVID H. NAME NAME 430 46 COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32968 ☐ Addition TITLE TITLE Delete LIGHTLE, REBECCA NAME NAME STREET ADDRESS 309 ST. LUCIE LANE STREET ADDRESS CITY-ST-7IP FT. PIERCE FL CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE 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 1.19.07(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 AND TYPED OR PRINTED NAME OF

SIGNATURE: