

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91297 011 ***150.00

DOCUMENT # P95000041566

1. Entity Name

SANDENT CONSTRUCTION CORP.

Principal Place of Business

1800 S. ATLANTIC AVE.
 COCOA BEACH 32 32931
 US

Mailing Address

1800 S. ATLANTIC AVE.
 COCOA BEACH 32 32931
 US

2. Principal Place of Business

35 WEST Point DR.

3. Mailing Address

35 WEST Point DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cocoa Beach, FL

City & State

Cocoa Beach, FL

4. FEI Number

11-2804159

Applied For

Not Applicable

Zip
32931

Country
USA

Zip
32931

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MARKEY, KEVIN P
15 E MERRITT ISLAND CSWY
SUITE 307
MERRITT ISLAND FL 32952

7. Name and Address of New Registered Agent

Name **Kinberg, Edward J.**

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

2101 South Waverly Place

City **MELBourne**

FL Zip Code **32901**

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

Edward J. Kinberg, Attorney

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, 2002 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **LENT, JAMES**
 CITY-ST-ZIP **35 WEST POINT DR.**
COCOA BEACH

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **LENT, SANDRA**
 CITY-ST-ZIP **35 WEST POINT DR.**
COCOA BEACH

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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: *James H. Lent* **321**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **James H. Lent** **4/23/02**
 Date Daytime Phone # **784-0530**

CR2E034 (9/01)