

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P95000088333**1. Entity Name
SANDCASTLE PEDIATRICS, INC.

Principal Place of Business 133 STAFF DRIVE FORT WALTON BEACH FL 32548	Mailing Address 133 STAFF DRIVE FORT WALTON BEACH FL 32548
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2. Principal Place of Business 834 TARPON DRIVE	3. Mailing Address 834 TARPON DRIVE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State FORT WALTON BEACH FL	City & State FORT WALTON BEACH FL
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4. FEI Number 59-3353957	Applied For Not Applicable
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Zip 32548	Country	Zip 32548	Country
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**

NORRIS JEANETTE E
133 STAFF DRIVE

FORT WALTON BEACH FL
32548

Name
NORRIS JEANETTE E
Street Address (P.O. Box Number is Not Acceptable)
834 TARPON DRIVE

City
FORT WALTON BEACH FL Zip Code
32548

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 _____ DATE **04/30/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE D	<input type="checkbox"/> Delete
NAME NORRIS JEANETTE E	
STREET ADDRESS 133 STAFF DRIVE	
CITY-ST-ZIP FORT WALTON BEACH FL 32548	

TITLE PSDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NORRIS JEANETTE E	
STREET ADDRESS 133 STAFF DRIVE	
CITY-ST-ZIP FORT WALTON BEACH FL 32548	

TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Jeanette E. Norris

PSDT 04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)