

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
 04-23-2001 90168 002 ***150.00

DOCUMENT # P96000002143

1. Entity Name

SANDOLPH INVESTMENTS AND RETIREMENT SERVICES, IN

Principal Place of Business

~~348 SW MIRACLE STRIP PKWY. STE. 39~~
~~FORT WALTON BEACH FL 32548~~

Mailing Address

~~348 SW MIRACLE STRIP PKWY. STE. 39~~
~~FORT WALTON BEACH FL 32548~~

2. Principal Place of Business

600 UNIVERSITY OFFICE BLD 600 UNIVERSITY OFFICE

3. Mailing Address

Suite 15D Suite 15D

Suite, Apt., etc.

Suite, Apt., etc.

PENSACOLA FL

PENSACOLA FL

Zip

Country

32504

USA

Zip

Country

32504

USA

4. FEI Number 59-3358468

Applied For

Not Applicable

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

SCHOPPMAN, RICHARD
 348 SW MIRACLE STRIP PKWY
 FORT WALTON BEACH FL 32548

Name Schoppmann Richard
 Street Address (P.O. Box Number is Not Acceptable) 600 UNIVERSITY OFFICE BLD
 Suite 15D
 City PENSACOLA FL Zip Code 32504

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 re-statuting)

DATE

4-4-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHOPPMANN	
STREET ADDRESS	C/O 348 S.W. MIRACLE STRIP PKWY., STE 39	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE	600 UNIVERSITY OFFICE BLD	
NAME	Suite 15D	
STREET ADDRESS	PENSACOLA FL 32504	
CITY-ST-ZIP		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Richard Schoppmann 4/4/01 850 4754200

CR2E034 (10/00)