

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000005689**

1. Entity Name

**SANCO II, INC.****FILED****Feb 13, 2001 8:00 am  
Secretary of State**

02-13-2001 90587 001 \*\*\*150.00

Principal Place of Business

**C/O RENDINA COMPANIES  
222 LAKEVIEW AVE 17 FL  
WEST PALM BEACH FL 33401  
US**

Mailing Address

**C/O DONALD SANDS  
THE HIGHLANDS  
SEATTLE WA 98177-5002  
US****716000**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**GARDENS CORPORATE CENTER**

3. Mailing Address

Suite, Apt. #, etc.

**3801 PGA BLVD. SUITE 555**

City &amp; State

**Palm Beach Gardens, FL**

Zip

**33410**

Country

**USA**4. FEI Number **65-0634056**

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

**COMITER, RICHARD B  
1200 CORPORATE CENTER WAY  
SUITE 100  
WELLINGTON FL 33414**

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 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SANDS, DONALD A</b>	
STREET ADDRESS	<b>THE HIGHLANDS</b>	
CITY-ST-ZIP	<b>SEATTLE WA 98177-5002</b>	

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SANDS, MARTHA P</b>	
STREET ADDRESS	<b>THE HIGHLANDS</b>	
CITY-ST-ZIP	<b>SEATTLE WA 98177-5002</b>	

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

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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: *Donald A. Sands***Donald A. Sands, President**

Date

*2/9/2001*

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)