

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000024302

1. Entity Name
SANDLAKE ENTERPRISES, INC.

FILED
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90001 018 ***150.00

Principal Place of Business

5829 PITCH PINE DR.
ORLANDO FL 32819

Mailing Address

9300 CONROY WINDERMERE RD. #42
WINDERMERE FL 34786

2. Principal Place of Business

5542 SAGO PALM DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL.

City & State

4. FEI Number

59-3367938

Applied For

Not Applicable

Zip

32819

Country

USA

Zip

Country

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

BYCZKIEWICZ, WANDA L
5829 PITCH PINE DR
ORLANDO FL 32819

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 P ☐ Delete
NAME BYCZKIEWICZ, WANDA L
STREET ADDRESS 5829 PITCH PINE DR
CITY-ST-ZIP ORLANDO FL 32819

TITLE ☒ Change ☐ Addition
NAME 5542 SAGO PALM DR.
STREET ADDRESS ORLANDO, FL. 32819
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME HODGES, GEOFFREY W SR.
STREET ADDRESS 5829 PITCH PINE DR.
CITY-ST-ZIP ORLANDO FL 32819

TITLE ☒ Change ☐ Addition
NAME 5542 SAGO PALM DR.
STREET ADDRESS ORLANDO FL. 32819
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-16-00

Date

407-354-3876

Daytime Phone #

CR2E034 (5/00)

to whom it MAY concern -

I never received the first
notice on this - it's strange
the same thing happened
last year - I pay all
bills on time that come
to me - My memory isn't
good due to brain surgery
in 1996 - I would appreciate
all consideration in this
matter -

Thank you
G.W. Hodges S.
Sally S.