

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**  
 03-19-2001 90053 029 \*\*\*150.00

DOCUMENT # **P96000024302** ✓  
 1. Entity Name  
**SANDLAKE ENTERPRISES INC.**

Principal Place of Business Mailing Address  
**5542 SAGO PALM DR.** **5542 SAGO PALM DR.**  
**ORLANDO, FL 32819** **ORLANDO, FL 32819**

**00020221**

2. Principal Place of Business 3. Mailing Address  
**5542 SAGO PALM DR.** **5542 SAGO PALM DR.**  
**ORLANDO, FL 32819** **ORLANDO, FL 32819**

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number **593367938** Applied For  
 Not Applicable  
 Zip Country **USA** Zip Country **USA** 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

**Geoffrey W. HODGES SR.**  
**5542 SAGO PALM DR.**  
**ORLANDO, FL 32819**

## 7. Name and Address of New Registered Agent

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 **S.W. Hodges Sr. V.P.** **3-13-01**  
 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

**Pres. WANDA L. BYCZKIEWICZ** ☐ Delete  
**5542 SAGO PALM DR.**  
**ORLANDO, FL 32819**

**V.P. Geoffrey W. HODGES SR.** ☐ Delete  
**5542 SAGO PALM DR.**  
**ORLANDO, FL 32819**

☐ Delete  
 TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 TITLE NAME  
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 CITY-ST-ZIP

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 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

☐ Change ☐ Addition  
 TITLE NAME  
 STREET ADDRESS  
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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 another like empowered.

SIGNATURE: **S.W. Hodges Sr. V.P.** **3-13-01** **407-354-3076**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/100)