

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90176 048 ***150.00

DOCUMENT # **190000024302** ✓
1. Entity Name **Sandlake Enterprises, Inc.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5542 Sago Palm Dr.
Suite, Apt. #, etc.

3. Mailing Address
5542 Sago Palm Dr.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Orlando FL

City & State
Orlando FL

4. FEI Number
59 336 7938

Applied For
Not Applicable

Zip
32819

Country
USA

Zip
32819

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Geoffrey W. Hodges Sr.**

Street Address (P.O. Box Number is Not Acceptable)
5542 Sago Palm Dr

City **Orlando** **FL** Zip Code **32819**

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-22-02
DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE President	P
NAME Wanda L. Byczkiewicz	
STREET ADDRESS 5542 Sago Palm Dr.	
CITY-ST-ZIP Orlando FL 32819	
TITLE Vice President	V
NAME Geoffrey W. Hodges Sr.	
STREET ADDRESS 5542 Sago Palm Dr.	
CITY-ST-ZIP Orlando FL 32819	
TITLE	
NAME	
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CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

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

4/22/02 **407 3543076**
Date Daytime Phone #