2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P96000060605** Apr 23, 2000 8:00 am Secretary of State WHITE SANDS DEVELOPMENT, INC. 04-23-2000 90025 024 ***150.00 Principal Place of Business Mailing Address 3913 W. MADURA ROAD 3913 W. MADURA ROAD GULF BREEZE FL 32561 **GULF BREEZE FL 32561-3561** 3. Mailing Address A. 7 PANFERIO 2. Principal Place of Business DR. D12 . 912 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3391513 BEACH ENSA COLA Not Applicable Zip 32561 \$8.75 Additional 5. Certificate of Status Desired U.SA. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KRUEGER, KURT A. Street Address (P.O. Box Number is Not Acceptable) 3913 W. MADURA ROAD **GULF BREEZE FL 32561** PANFERZIO 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 DATE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition TITLE TIT! F ☐ Delete NAME NAME KREUGER, KURT A STREET ADDRESS STREET ADDRESS 3913 WEST MADURA ROAD CITY-ST-ZIP CITY-ST-ZIP GULF BREEZE FL 32561 Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 drustee 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 an other like empowered.