2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State
02-21-2003 90834 008 ***150.00

DOCUMENT # P96000087985

1. Entity Name
ON THE SAND, INC.

Principal Place of Business
1010 ESTERO BLVD
FORT MYERS BEACH FL 33951
US

Mailing Address
12483 SUMMERWOOD DRIVE
FORT MYERS FL 33908

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
185 old San Carlos	
Suite, Apt. #, etc.: Ft myers Beach	Suite, Apt. #, etc.
City & State: FL	City & State
Zip: 33931 / Country: See	Zip / Country

4. FEI Number 65-0706810 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, WILLIAM R
8191 COLLEGE PARKWAY
SUITE 300
FORT MYERS FL 33919

7. Name and Address of New Registered Agent

Name: PATRICK COULY
Street Address (P.O. Box Number is Not Acceptable): 12483 SUMMERWOOD dr
Ft MYERS
City FL Zip Code 33908

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] DATE 2/14/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COULY, PATRICK A 12483 SUMMERWOOD DRIVE FORT MYERS FL 33908	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Patrick Couly 2/14/03 239-4660976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #