

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2003 8:00 am
Secretary of State

03-04-2003 90060 041 ***150.00

DOCUMENT # P97000023652

1. Entity Name

FLORIDA SANDS REALTY & ASSOCIATES, INC.



Principal Place of Business

2700 N MACDILL AVE
SUITE 220
TAMPA FL 33607
US

Mailing Address

2700 N MACDILL AVE
SUITE 220
TAMPA FL 33607
US

2. Principal Place of Business

4014 GUNN HWY
Suite, Apt. #, etc.
170

3. Mailing Address

4014 GUNN HWY
Suite, Apt. #, etc.
170

City & State

TAMPA, FL. 33

City & State

TAMPA, FL.

4. FEI Number

59-3430014

Applied For

☒ Not Applicable

Zip

33624

Country

HILLSBOROUGH

Zip

33624

Country

HILLSBOROUGH

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, NANCY E
2700 N MACDILL AVE
SUITE 207
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name: NANCY E. MARTINEZ
Street Address (P.O. Box Number is Not Acceptable):
4014 GUNN HWY
SUITE #170
City: TAMPA FL Zip Code: 33624

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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/28/03

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: P
NAME: MARTINEZ, JOSEPH DICK
STREET ADDRESS: 2700 N MACDILL AVENUE, SUITE #220
CITY-ST-ZIP: TAMPA FL 33607 ☐ Delete

TITLE: P
NAME: MARTINEZ, JOSEPH DICK
STREET ADDRESS: 4014 GUNN HWY SUITE 170
CITY-ST-ZIP: TAMPA, FL. ☒ Change ☐ Addition

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE: ☐ Delete
NAME:
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CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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TITLE: ☐ Delete
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STREET ADDRESS:
CITY-ST-ZIP:

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

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 REQUIRED J.D. Martinez 04/28/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-877-3298

CR2E034 (10/02)