

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000069371

1. Entity Name

SANDBOX TRUCKING, INC.

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90102 022 ***158.75

C0008129



DO NOT WRITE IN THIS SPACE

Principal Place of Business

PO BOX 7592
NAPLES FL 34101

Mailing Address

PO BOX 7592
NAPLES FL 34101

2. Principal Place of Business

540 2ND STREET SE

3. Mailing Address

540 2ND STREET SE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

59-3463946

Applied For

Not Applicable

Zip

Country

34117

USA

Zip

Country

34117

USA

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRANK, ANN T
2124 AIRPORT ROAD SOUTH
SUITE 102
NAPLES FL 34112

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
FOX, LARRY
PO BOX 7592
NAPLES FL 34101

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

540 2ND STREET SE
NAPLES, FL. 34117

TITLE
NAME
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CITY-ST-ZIP

☐ Delete

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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY FOX

Date

1/12/01

Daytime Phone #

941 353.4707

CR2E034 (10/00)