

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 18, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000069479**1. Entity Name
SANDOLLAR PROPERTIES, INC.

Principal Place of Business 12798 W. FOREST HILL BLVD., STE. 205A WELLINGTON FL 33414	Mailing Address 12798 W. FOREST HILL BLVD., STE. 205A WELLINGTON FL 33414
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2. Principal Place of Business 12798 W. FOREST HILL BLVD., Suite, Apt. #, etc. 205A	3. Mailing Address 12798 W. FOREST HILL BLVD., Suite, Apt. #, etc. 205A
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City & State WELLINGTON FL	City & State WELLINGTON FL
Zip 33414	Country

4. FEI Number 65-0778979	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentWITKOWSKI RONALD
STE. D5, 6177 JOG RD.

LAKE WORTH FL 33467 US**7. Name and Address of New Registered Agent**Name
WITKOWSKI RONALD
Street Address (P.O. Box Number is Not Acceptable)
12798 W FOREST HILL BLVD

City
WELLINGTON FL Zip Code
33414

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 _____ **04/18/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	DP	<input type="checkbox"/> Delete
NAME	CORSO-PIERON CAROL A	
STREET ADDRESS	12798 W. FOREST HILL BLVD., STE. 205A	
CITY-ST-ZIP	WELLINGTON FL 33414	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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: CORSO-PIERON, CAROL A

DP 04/18/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)