

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 97000073049

1. Entity Name

SAND-EX, Incorporated

Principal Place of Business

1787 N. Tamiami Trail  
Fort Myers, FL 33903

Mailing Address

Same

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEE Number  
65-0786307

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

John Dushek  
1128 SW 1st Avenue  
Cape Coral, FL 33991

7. Name and Address of New Registered Agent

Name Kermit Sarver

Street Address (P.O. Box Number is Not Acceptable)  
1848 Lakeview Boulevard

City Fort Myers

FL

Zip Code  
33919

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 Kermit Sarver

Kermit Sarver

May 9, 2000

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

(NOTE: Registered Agent signature required when reinstalling)

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, 2000 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	President	<input type="checkbox"/> Delete
STREET ADDRESS	Philip Ciancimino	
CITY-STATE-ZIP	1026 Winsome Road	
	North Fort Myers 33903	
TITLE	Vice President/Director	<input type="checkbox"/> Delete
STREET ADDRESS	Kermit Sarver	
CITY-STATE-ZIP	1848 Lakeview Boulevard	
	Fort Myers, FL 33919	
TITLE	Treasurer	<input type="checkbox"/> Delete
STREET ADDRESS	Erica Trojan	
CITY-STATE-ZIP	100 Cardinal Drive	
	Fort Myers, FL 33917	
TITLE		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-STATE-ZIP		
		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-STATE-ZIP		
		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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: Kermit Sarver

Vice President/Director

05/09/2000 941-995-1972

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)