

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000073049

1. Entity Name  
**SAND-EX, INCORPORATED**

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90157 008 \*\*\*150.00

Principal Place of Business

**2787 N TAMiami TRAIL  
N FT MYERS FL 33903  
US**

Mailing Address

**2128 SW 1ST AVE  
CAPE CORAL FL 33991**

**00045493**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**2787 N TAMiami TRAIL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**N FT MYERS FL**

4. FEI Number **65-0786307**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33903**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SARVER, KERMIT  
1848 LAKEVIEW BLVD.  
FT. MYERS FL 33919**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUSHEK, JOHN	NAME	
STREET ADDRESS	2128 SW 1ST AVE	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33991	CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUSHEK, MARY	NAME	
STREET ADDRESS	2128 SW 1ST AVE	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33991	CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIANCIMINO, PHILIP	NAME	
STREET ADDRESS	1026 WINSOME ROAD	STREET ADDRESS	
CITY-ST-ZIP	N FT MYERS FL 33903	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOHN DUSHEK**

**04/25/01**

Date

Daytime Phone #

CR2E034 (10/00)