## 2003 FOR PROFIT CORPORATION

May 01, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State** DOCUMENT # P97000101411 05-01-2003 90367 043 \*\*\*150.00 1. Entity Name SANDCASTLE INNOVATIONS, INC. Principal Place of Business Mailing Address 2450 WILL HARDEE ROAD 2450 WILL HARDEE ROAD FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32034 Principal Place of Business Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-3489222 et nah d Not Applicable \$8.75 Additional 5. Certificate of Status Desired assal 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CASEY, DEBORAH C Street Address (P.O. Box Number is Not Acceptable) 1784 HAMMOCK DR FERNANDINA BEACH FL 32034 -Zip Code City 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. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE **PSTD** ☐ Delete TITLE Change Addition NAME NAME CASEY, DEBORAH C STREET ADDRESS 784 Hanmock Dr. STREET ADDRESS 1784 HAMMOCK DR CITY-ST-ZIP CITY-ST-7IP FERNANDINA BEACH FL 32034 nandina beach, FL TITLE ☐ Delete TITLE VP B. Heartsfi NAME HEARTSFIELD, D.B. NAME 50 safe Harbor lane STREET ADDRESS STREET ADDRESS 3045 S. FLETCHER AVE. Fernandina Beach, FL3 2034 CITY-ST-ZIP CITY-ST-ZIF FERNANDINA BEACH FL 32034 TITLE S ☐ Delete TITLE NAME HEARTSFIELD, ELAINE C NAME 350 Safe Harbor Lane STREET ADDRESS STREET ADDRESS 3045 S. FLETCHER AVE. CITY-ST-ZIP CITY-ST-ZIP FERNANDINA BEACH FL 32034 TITLE ☐ Delete TITLE Knowles NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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