2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

City & State

P97000104472 DOCUMENT

1. Entity Name

Principal Place of Business 10232 GULF BLVD. TREASURE ISLAND FL 33706

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

SIGNATURE

SHIFTING SANDS COTTAGES



FILED Mar 05, 2003 8:00 am & Secretary of State

03-05-2003 90042 012 ***150.00

S, INC.	•	
	Mailing Address 10232 GULF BLVD. TREASURE ISLAND FL 33706) (1881/1881 (18 18))) (1891) (1891) (1801) (1891) (1891) (1891) (1891)
	3. Mailing Address	
	Suite, Apt. #, etc.	 ☐ CHECK HEBE IE WAKING CHANGE

4. FEI Number

Zíp	Country	Zip	Country	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				
LEPORE, FRANK V 10232 GULF BLVD. TREASURE ISLAND FL 33706			Name					
			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
	-		City			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. I am familiar with, and accept the obligations of registered agent.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

DATE

59-3480839

\$5.00 May Be Added to Fees

Applied For

Not Applicable

10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	P LEPORE, FRANK V 10232 GULF BLVD TREASURE ISLAND FL 33706-4811	TITLE NAME STREET ADORESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	[7] Dates	TITLE	

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition