# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 31, 2003 8:00 am**
**Secretary of State**
03-31-2003 90219 043 ***150.00

DOCUMENT # P98000049271

1. Entity Name

SANDERS AND SANDERS, INCORPORATION

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 32900 Washington Loop Rd. | P.O. Box 511535 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Punta Gorda, FL | City & State: Punta Gorda, FL |
| Zip: 33982 Country: USA | Zip: 33951 Country: USA |

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0848476 ☐ Applied For ☐ Not Applicable

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

**7. Name and Address of Current Registered Agent**

Name: SANDERS, ROBERT E.

Street Address (P.O. Box Number is Not Acceptable): 32900 Washington Loop Rd.

City: Punta Gorda Zip Code: 33982

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P SANDERS, ROBERT E.<br>32900 Washington Loop Rd.<br>Punta Gorda, FL 33982 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S SANDERS, ANN G.<br>32900 Washington Loop Rd.<br>Punta Gorda, FL 33982 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

3-27-03 _____ Robert E. Sanders, President (941) 575-2114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #