

2001 UNIFORM BUSINESS REPORT (UBR)

3/2

DOCUMENT # **P99000007588**

1. Entity Name

SANDMAN 99, INC

FILED
Apr 12, 2001 8:00 am
Secretary of State
 03-22-2001 90074 001 ***150.00

Principal Place of Business Mailing Address
10875 GULF BLVD **10875 GULF BLVD**
TREASURE ISLAND, FL **TREASURE ISLAND, FL**
33706 **33706**

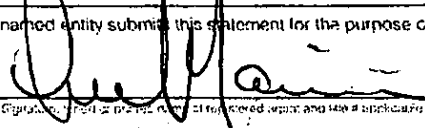
2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

36283
 DO NOT WRITE IN THIS SPACE
 4. FEI Number **59-3551157**
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MANCINI, LEE
10223 TARPON DR
TREASURE ISLAND, FL 33706

7. Name and Address of New Registered Agent
 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.

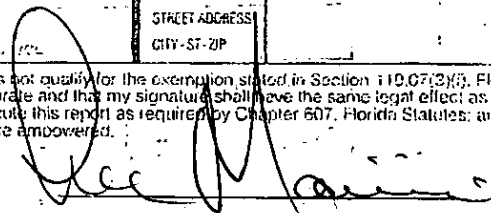
SIGNATURE  **3/19/01**
(Signature of President, Secretary, Treasurer, or Registered Agent) (NOTE: Registered Agents provide services with no fee) (Date)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) **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		
TITLE	NAME	☐ Delete
STREET ADDRESS	PO MANCINI, LEE	
CITY-ST-ZIP	10223 TARPON DR	
	TREASURE ISLAND, FL 33706	
TITLE	NAME	☐ Delete
STREET ADDRESS	MANCINI, SANDRA A	
CITY-ST-ZIP	10223 TARPON DR	
	TREASURE ISLAND FL 33706	
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS		
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)(b), 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4/2/01**
 owner / P.O.S.