2002 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2002 8:00 am
Secretary of State
04-29-2002 90086 015 ***150.00

DOCUMENT # P99000007588

1. Entity Name
SANDMAN 99, INC

640184

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10875 GULF BLVD	10875 GULF BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TREASURE ISLAND FL	City & State: TREASURE ISLAND FL
Zip: 33706 Country: USA	Zip: 33706 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3551157 App / Not

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: LEE MANCINI
Street Address (P.O. Box Number is Not Acceptable): 10773 TARPON DR
City: TREASURE ISLAND FL Zip Code: 337[illegible]

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]
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 Added t[o fees]

11. OFFICERS AND DIRECTORS

TITLE	PD	TITLE	
NAME	LEE MANCINI	NAME	
STREET ADDRESS	10773 TARPON DR	STREET ADDRESS	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	SANDRA MANCINI	NAME	
STREET ADDRESS	10773 TARPON DR	STREET ADDRESS	
CITY-ST-ZIP	TREASURE ISLAND, FL 33706	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 inf[ormation] 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 o[r 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 o[r on an] attachment with an address, with all other like empowered.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #