

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000008136  
Entity Name  
SANDPIPER INVESTMENT GROUP, INC.

FILED  
Apr 26, 2000 8:00 am  
Secretary of State  
04-26-2000 90085 009 \*\*\*158.75

Principal Place of Business  
Mailing Address

C0074430

Principal Place of Business  
Suite, Apt. # etc.  
P.O. Box 1377  
City & State  
Live OAK FL.  
Zip  
32064  
Country  
Juwannee

3. Mailing Address  
P.O. Box 1377  
Suite, Apt. #, etc.  
City & State  
Live OAK  
Zip  
32064  
Country  
Juwannee

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
J. VICTOR AFRICANO  
106 White Ave STE. B  
Live OAK, FLORIDA 32060

4. FEI Number  
59-3556058  
Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

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  
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) ☒

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 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 |                      |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |      |   |
|----------------------------|----------------------|---------------------------------|---|------|---|
| TITLE                      | NAME                 | <input type="checkbox"/> Delete | TITLE   | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             | 7161 RAILROAD STREET |                                 | STREET ADDRESS  |      |   |
| CITY-ST-ZIP                | LIVE OAK, FL. 32060  |                                 | CITY-ST-ZIP   |      |   |
| TITLE                      | VICE PRESIDENT       | <input type="checkbox"/> Delete | TITLE   |      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | J. EDWARD HOWELL     |                                 | NAME  |      |   |
| STREET ADDRESS             | P.O. Box 850         |                                 | STREET ADDRESS  |      |   |
| CITY-ST-ZIP                | LIVE OAK, FL. 32064  |                                 | CITY-ST-ZIP   |      |   |
| TITLE                      | SECRETARY/TREASURER  | <input type="checkbox"/> Delete | TITLE   |      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DAVID F. MULLIS      |                                 | NAME  |      |   |
| STREET ADDRESS             | P.O. Box 237         |                                 | STREET ADDRESS  |      |   |
| CITY-ST-ZIP                | LIVE OAK, FL. 32064  |                                 | CITY-ST-ZIP   |      |   |
| TITLE                      |                      | <input type="checkbox"/> Delete | TITLE   |      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      |                                 | NAME  |      |   |
| STREET ADDRESS             |                      |                                 | STREET ADDRESS  |      |   |
| CITY-ST-ZIP                |                      |                                 | CITY-ST-ZIP   |      |   |
| TITLE                      |                      | <input type="checkbox"/> Delete | TITLE   |      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      |                                 | NAME  |      |   |
| STREET ADDRESS             |                      |                                 | STREET ADDRESS  |      |   |
| CITY-ST-ZIP                |                      |                                 | CITY-ST-ZIP   |      |   |
| TITLE                      |                      | <input type="checkbox"/> Delete | TITLE   |      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      |                                 | NAME  |      |   |
| STREET ADDRESS             |                      |                                 | STREET ADDRESS  |      |   |
| CITY-ST-ZIP                |                      |                                 | 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)(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David F. Mullis DAVID F. MULLIS 04/18/00 904-362-6169 904-208-0225  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)