

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90654 006 ***150.00

0052445 SP

DOCUMENT # P99000014854

1. Entity Name

SAND IN MY SHOES, INC.

Principal Place of Business

Mailing Address

**1014 HANCOCK RIDGE PARKWAY
CAPE CORAL FL 33990**

**1014 HANCOCK RIDGE PARKWAY
CAPE CORAL FL 33990**

2. Principal Place of Business

3. Mailing Address

1014 SE Hancock Bridge Pkwy
Suite, Apt. #, etc.

1318 Lafayette St.
Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

Cape Coral, FL

4. FEI Number

65-1070682
APPLIED FOR

Applied For

Not Applicable

Zip

33990

Country

USA

Zip

33904

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

WRIGHT, JACQUE'
1014 HANCOCK RIDGE PARKWAY
CAPE CORAL FL 33990

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

Jacque Wright

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Mar 20, 2002

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, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PSTD
WRIGHT, JACQUE'
1014 HANCOCK RIDGE PARKWAY
CAPE CORAL FL 33990**

☐ Delete

TITLE
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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

Jacque Wright

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-02

Date

*944
549-2444*

Daytime Phone #

CR2E034 (9/01)