2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000014854 DOCUMENT

1. Entity Name

SAND IN MY SHOES INC



Mar 19, 2003 8:00 am & Secretary of State **FILED**

03-19-2003 90157 040 ***150.00

Principal Place of Business 1014 SE HANCOCK BRIDGE PARKWAY CAPE CORAL FL 33990 CAPE CORAL FL 33990	11011 B1001 1010	I 1 11161 010 1 1 00 1
2 Principal Place of Business 3 Mailing Address Parkway		
2. Principal Place of Business 3. Mailing Address Parkway 1014 SE Hancock Bridge		t Baffal Byok (BBK)
Suite, Apt. #, etc. Suite, Apt. #, etc.	CHANGES	3
City & State Cape Coral, FL 4. FEI Number 65-1070682		Applied For
Zip Country Zip Country 33990 U.S.A. 5. Certificate of Status Desired	\$8.75 Ac	dditional
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7.	Fee Requir	ea
Name	Agent	
WRIGHT, JACQUE'		
1014 HANCOCK RIDGE PARKWAY Street Address (P.O. Box Number is Not Acceptable)		ľ
CAPE CORAL FL 33990		
City	Zip Cod	de
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. Lamb	- I	, and accept
the obligations of registered agent.		
SIGNATURE		}
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00	<u> </u>	
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jacque Wright, President 1960 B PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #