

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-19-2003 90157 040 ***150.00

DOCUMENT # P99000014854

1. Entity Name
SAND IN MY SHOES, INC.



Principal Place of Business
**1014 SE HANCOCK BRIDGE PARKWAY
CAPE CORAL FL 33990**

Mailing Address
**1010 LAFAYETTE ST
CAPE CORAL FL 33990**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
1014 SE Hancock Bridge Parkway
Suite, Apt. #, etc.
City & State
Zip

☒ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Cape Coral, FL

4. FEI Number **65-1070682**

Applied For
Not Applicable

Zip Country
33990 U.S.A.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, 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)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
WRIGHT, JACQUE'
1014 HANCOCK RIDGE PARKWAY
CAPE CORAL FL 33990

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T- Treasurer
Paul H. Lindstrom
1014 Hancock Bridge Parkway
Cape Coral, FL 33990

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: Jacques Wright, President

3/17/03

239-573-7277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (10/02)