FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90327 045 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020979

1. Entity Name
SANDBAR CONSULTING, INC.

11030255

Principal Place of Business	Mailing Address
P.O. BOX 55394 ST. PETERSBURG, FL 33732-5394	P.O. BOX 55394 ST. PETERSBURG, FL 33732-5394

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
960 LIVE OAK AVE N.E		960 LIVE OAK AVE NE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: ST. PETERSBURG, FL		City & State: ST. PETERSBURG, FL	
Zip: 33703	Country: USA	Zip: 33703	Country: USA

4. FEI Number 59-3567871 ☐ Applied For ☐ Not Applicable

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
LOVELACE, WILLIAM K ESQUIRE 2310 WEST BAY DRIVE LARGO, FL 33770	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	D MICHAEL, S.B. P.O. BOX 55394 ST. PETERSBURG, FL 337325394	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: Sandra Michael SANDRA MICHAEL 4/27/03 (727) 528-7719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #