2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900023790 1. Entity Name SAND DOLLAR SALES CORPORATION					FILED Feb 01, 2000 8:00 am Secretary of State			
Principal Plac	e of Business	Mailing Address			02-01-200	0 00113 02	7 130.00	
201 THATCH PALM COURT 201 THATCH RIVER COURT INDIAN HARBOUR BEACH FL 32937 INDIAN HARBOUR BEACH FL			L 32937					
		·			E NORTHERN DZE POPIO (DOZE OG	1211 00 111 00 111 0 0 11	(0 11 400 211)) (81 14)?	1216 3 3 12 1 3 3 1
2. Principal Place of Business 3. Mailing Address 3.7 8.3 SVINWAND DIL 3.783 SVIN			NWARDI	DR				
Suite, Apt.		Suite, Apt. #, etc.			DO NO	T WRITE IN TH	IIS SPACE	
City & Stat MEへへ		City & State MENNITT /	SLAND		FEI Number ゲン ー 2/12 8 28 6	e e	1 1 1	oplied For ot Applicable
Zip 3 2 9 5	Country	Zip 3.2.953_	Country BAEUAAD		Certificate of Status Des		\$8.75 Add	ditional
3 X.T.J	6. Name and Address of Current I		Name		Name and Address of I	New Registere	•	· ·
	'LAN, MICHAEL			ress (P.O.	Box Number is Not Acce	ptable)		
201 THATCH PALM COURT INDIAN HARBOUR BEACH FL 32937			2702 5.11. 10.10					
			CityME	<u>ر د</u>	TISLAND	F	FL Zip Cod	2 C Z
8. The above	named entity submits this statement for	the purpose of changing its r			-		-13~3	,,,,
SIGNATURE .	Signature, typed or printed name of registered agent a		ChAEC Bo Registered Agent signature re		AN - PRES.	/ - J	28 -00 E	
, ,			! FEE IS \$150.00 00 Fee will be \$550. e to Department of		10. Election Campai Trust Fund Contr			0 May Be I to Fees
11.	OFFICERS AND I		12.	А	I . IDDITIONS/CHANGES TO	O OFFICERS A		
TITLE NAME	D BOYLAN, MICHAEL	Delete	TITLE NAME	2 - 4 3	C. Mar. Art 13	BA	Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	201 THATCH PALM COURT INDIAN HARBOUR BEACH FL 32	937	STREET ADDRESS CITY-ST-ZIP	MEN	LAITT ISLAND	FL 32	1953	
TITLE NAME	D SANDERS, DEBORAH	☐ Delete	TITLE NAME				Change	Addition
STREET ADDRESS CITY-ST-ZIP	3275 SUNWARD DRIVE MERRITT ISLAND FL 32953		STREET ADDRESS					
TITLE			TITLE	,				- Addition
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS	•		NAME Street Address					
CITY-ST-ZIP			CITY-ST-ZIP				- -	-
TITLE NAME		☐ Delete	TITLE NAME				Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME				Change	Addition
STREET ADDRESS CITY-ST-ZIP	4		STREET ADDRESS					
13. I hereby of indicated	certify that the information supplied with on this report or supplemental report is	true and accurate and that m	the exemption stated it is signature shall have	the same	e legal effect as if made u	inder oath: that	t I am an officer	or director
or the cor changed,	poration or the receiver or trustee empo or on an attachment with an address, w	ith all other like empowered.			_			_
SIGNATURE: Date Dayline Phone #								