

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

01-29-2003 90151 046 ***50.00
03-03-2003 90436 037 ***100.00

DOCUMENT # P99000023790

1. Entity Name

SAND DOLLAR SALES CORPORATION



Principal Place of Business

**3783 SUNWARD DRIVE
MERRITT ISLAND FL 32953**

Mailing Address

**3783 SUNWARD DRIVE
MERRITT ISLAND FL 32953**

2. Principal Place of Business

4112 TRADEWINDS TRAIL

3. Mailing Address

4112 TRADEWINDS TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MERRITT ISLAND FL

City & State

MERRITT ISLAND FL

Zip

32953

Country

BALEAND

Zip

32953

Country

BALEAND



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3563979

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOYLAN, MICHAEL

3783 SUNWARD DRIVE

MERRITT ISLAND FL 32953

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4112 TRADEWINDS TRAIL

City

MERRITT ISLAND

FL

Zip Code

32953

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]

MICHAEL BOYLAN

1-21-03

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

| | | |
|----------------|--------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BOYLAN, MICHAEL | |
| STREET ADDRESS | 3783 SUNWARD DRIVE | |
| CITY-ST-ZIP | MERRITT ISLAND FL 32953 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SANDERS, DEBORAH | |
| STREET ADDRESS | 3275 SUNWARD DRIVE | |
| CITY-ST-ZIP | MERRITT ISLAND FL 32953 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 4112 TRADEWINDS TRAIL | |
| CITY-ST-ZIP | MERRITT ISLAND FL 32953 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 4112 TRADEWINDS TRAIL | |
| CITY-ST-ZIP | MERRITT ISLAND FL 32953 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:

[Signature] **MICHAEL BOYLAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-03 3216988473

Date

Daytime Phone #

CR2E034 (10/02)