

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000024797**

1. Entity Name

SAND STAR ENTERPRISES, INC.

Principal Place of Business

**1121 ALGOMA ST.
DELTONA FL 32725**

Mailing Address

**PO BOX 4035
DELTONA FL 32725**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3581026**

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

**SCHOENWEISS, RICHARD
1121 ALGOMA ST.
DELTONA FL 32725**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SCHOENWEISS, JO ANN	
STREET ADDRESS	1121 ALGOMA ST	
CITY-STATE-ZIP	DELTONA FL 32725	

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHOENWEISS, RICHARD	
STREET ADDRESS	1121 ALGOMA ST	
CITY-STATE-ZIP	DELTONA FL 32725	

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHOENWEISS, TRAVIS W	
STREET ADDRESS	1121 ALGOMA ST.	
CITY-STATE-ZIP	DELTONA FL 32725	

TITLE	ST	<input type="checkbox"/> Delete
NAME	ENWRIGHT, LORI	
STREET ADDRESS	1121 ALGOMA ST.	
CITY-STATE-ZIP	DELTONA FL 32725	

TITLE	VP	<input type="checkbox"/> Delete
NAME	HUGHES, TAMI	
STREET ADDRESS	1121 ALGOMA ST.	
CITY-STATE-ZIP	DELTONA FL 32725	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

FILED
Jun 18, 2001 8:00 am
Secretary of State

06-18-2001 90002 007 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

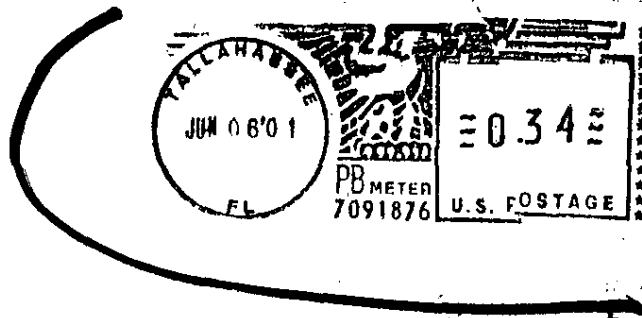
Daytime Phone #

APR 25, 2001

407-860-5226

STATE
NS

M



32723-0035

