## **FILED** 2001 UNIFORM BUSINESS REPORT (UBR) Jun 18, 2001 8:00 am **Secretary of State** DOCUMENT # P99000024797 1. Entity Name 06-18-2001 90002 007 \*\*\*150.00 SAND STAR ENTERPRISES, INC. Principal Place of Business Mailing Address 1121 ALGOMA ST. PO BOX 4035 DELTONA FL 32725 DELTONA FL 32725 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3581026 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHOENWEISS, RICHARD Street Address (P.O. Box Number is Not Acceptable) 1121 ALGOMA ST. **DELTONA FL 32725** City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees -(See criteria on back) Make Check Payable to Department of State-ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition TITLE ☐ Delete TITLE Change SCHOENWEISS, JO ANN NAME NAME STREET ADDRESS STREET ADDRESS 1121 ALGORNA ST CHTY-ST-ZIP CITY-ST-ZIP **DELTONA FL 32725** Change Addition TITLE ☐ Delete SCHOENWEISS, RICHARD NAME STREET ADDRESS STREET ADDRESS 1121 ALGORNA ST CITY-ST-ZIP CITY-ST-ZIP **DELTONA FL 32725** ☐ Change Addition Oelete TITLE SCHOENWEISS, TRAVIS W NAME . STREET ADDRESS STREET ADDRESS 1121 ALGOMA ST. CITY-ST-ZIP Deltona fl 32725 ☐ Change ☐ Addition ☐ Oelete **ENWRIGHT. LORI** NAME NAME STREET ADDRESS STREET ADDRESS 1121 ALGOMA ST. CITY-ST-ZIP CITY-ST-ZIP DELTONA FL 32725 ☐ Delete ☐ Change ☐ Addition NAME HUGHES, TAMI NAME STREET ADDRESS STREET ADDRESS 1121 ALGOMA ST. CITY-ST-ZIP CITY+ST-ZIP **DELTONA FL 32725** ☐ Delete ☐ Change ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attacyment with an address, with all other like empowered. APR 25,2001

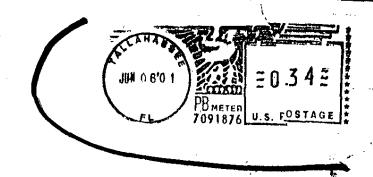
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SIGNATURE:

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