2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000028784 Apr 27, 2000 8:00 am Secretary of State 1. Entity Name ROBERT SANDY CONSTRUCTION, INC. 04-27-2000 90010 018 ***150.00 Principal Place of Business Mailing Address 175 SW KANNER HWY 175 SW KANNER HWY STUART FL 34997-7341 STUART FL 34997 2. Principal Place of Business 3. Mailing Address 028SW 36th Terrace ODR SW 36th Terrare Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number Palma Not Applicable cum (65-09え002ら Country \$8.75 Additional Zip Zip 5. Certificate of Status Desired 4990 Fee Required nartin 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SANDY, ROBERT Street Address (P.O. Box Number is Not Acceptable) 175 SW KANNER HWY STUART FL 34997 Zip Code 34990 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, 2000 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. PDS ☐ Delete TITLE TITLE SANDY, ROBERT NAME NAME 175 SW KANNER HWY STREET ADDRESS STREET ADDRESS 10285W 36th Terrace CITY-ST-ZIP CITY-ST-7IP STUART FL 34997 Change Addition TITLE ☐ Delete TITLE NAME NAME Tristan, Edward 205 sw voltair Terrace STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Dêlete TITLE NAME NAME Skinner, Virail 1228 SW Buckskin Trail STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP tuart, <u>FL 34997</u> Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an addrags, with all other like empowered. SIGNATURE: