

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State
 03-15-2000 90078 017 ***150.00

DOCUMENT # P99000057944

1. Entity Name

SAND DECOR CORPORATION

Principal Place of Business

Mailing Address

7502 RAIN FLOWER WAY
 COLUMBIA MD 21046

7502 RAIN FLOWER WAY
 COLUMBIA MD 21046-2437

2. Principal Place of Business

10801 Corkscrew Rd.

3. Mailing Address

10801 Corkscrew Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 343

Suite 343

City & State

Estero FL.

City & State

Estero FL

Zip

33928

Country

LEE

Zip

33928

Country

LEE

4. FEI Number

58-2477753

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.
 526 E. PARK AVE.
 TALLAHASSEE FL 32301

Name

Fred Douglas Sanders

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

10801 Corkscrew Rd Suite 343

City

Estero

FL

Zip Code

33928

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 Fred Douglas Sanders

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)

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FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

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\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Fred Douglas Sanders 2674 Fountain View Circle APT 103 NAPLES, FL 34109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Fred Douglas Sanders 2674 Fountain View Circle APT 103 NAPLES, FL 34109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Kerry Jeanne Sanders 2674 Fountain View Circle APT 103 NAPLES, FL 34109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Kerry Jeanne Sanders 2674 Fountain View Circle APT 103 NAPLES, FL 34109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Fred Douglas Sanders 2674 Fountain View Circle APT 103 NAPLES, FL 34109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 address, with all other like empowered.

SIGNATURE: Fred Douglas Sanders 3-9-2000 941-949-5555
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)