

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90035 014 ***150.00

DOCUMENT #

1. Entity Name

Sandfly Seaford Company, Inc.

P990000084986

425673

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1261 Loma Lane

1261 Loma Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Englewood, FL

Englewood, FL

4. FEI Number

Applied For

Not Applicable

65-0982658

Zip

Country

Zip

Country

34224

Charlotte

34224

Charlotte

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

A. Norman Davids

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

1261 Loma LN

City

Englewood

FL

Zip Code

34224

**DO NOT WRITE
IN THIS SPACE**

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

A. Norman Davids

3/5/02

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P-0
Dank Garrison
2191 Keyway Rd
Englewood FL 34223

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T-5-D
A. Norman Davids
1261 Loma Lane
Englewood FL 34224

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Christopher L. Davids
6186 Bixel LN
Englewood, FL 34224

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. Norman Davids

3/5/02

DATE

941-474-6652

DAYTIME PHONE #

CR2E034B (12/01)