

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90013 038 ***150.00

DOCUMENT # P99000099936

1. Entity Name

SAN DEVELOPMENTS, INC.

Principal Place of Business

Mailing Address

**3565 S. HOPKINS AVE.
 TITUSVILLE FL 32780**

**2400 S. HOPKINS AVE., UNIT A
 TITUSVILLE FL 32780-5076**

2. Principal Place of Business

3. Mailing Address

2400 S. HOPKINS AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT 'A'

City & State

City & State

TITUSVILLE, FL.

4. FEI Number

Applied For

59-3611892

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

Zip

Country

Zip

Country

32780-5076 BAHAMA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NANNA, DEANNE A
 2400 S. HOPKINS AVE., UNIT A
 TITUSVILLE FL 32780**

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, 2000 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 Delete
 NAME **S**
ARNOFF, I. LEE
 STREET ADDRESS **3550 OAK HILL DR.**
 CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **P**
NANNA, DEANNE A
 STREET ADDRESS **440 S. CARPENTER RD.**
 CITY-ST-ZIP **TITUSVILLE FL 32796**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **V**
SCOTT, NICHOLAS L
 STREET ADDRESS **434 BLUE JAY LN.**
 CITY-ST-ZIP **SATELLITE BEACH FL 32739**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deanne A. Nanna

3/6/2000

Date

(321) 383-1556

Daytime Phone #