

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 07, 2003 8:00 am
Secretary of State

01-07-2003 90010 024 ***150.00

DOCUMENT # P99000101773

1. Entity Name
SANDMAN MOTEL, INC.



Principal Place of Business
**12351 COCONUT CREEK COURT
FORT MYERS FL 33908-3075**

Mailing Address
**12351 COCONUT CREEK COURT
FORT MYERS FL 33908-3075
US**

70001003



2. Principal Place of Business
12351 Coconut Creek Court
Suite, Apt. #, etc.

3. Mailing Address
12351 Coconut Creek Ct
Suite, Apt. #, etc.

SAME

☐ CHECK HERE IF MAKING CHANGES

City & State
FORT MYERS

City & State
FORT MYERS FL

4. FEI Number
65-0964808

Applied For
Not Applicable

Zip
33908-3075 Country
USA

Zip
33908-3075 Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KROHN, CONSTANCE L
12351 COCONUT CREEK CT
FORT MYERS FL 33908-3075**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Constance Lee Krohn*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-4-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **KROHN, CONSTANCE LEE**
STREET ADDRESS **12351 COCONUT CREEK CT**
CITY-ST-ZIP **FORT MYERS FL 33908-3075**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 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

Date

Daytime Phone #

CR2E034 (10/02)