

2001 UNIFORM BUSINESS REPORT (UBR)

05-22-2001 90051 028 ***150.00

FILED P99000109713
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 13 AM 8:45

770413

DO NOT WRITE IN THIS SPACE

DOCUMENT # P 99000109713
1. Entity Name
Sand Dollar Investments of Bay County, Inc.

Principal Place of Business Mailing Address

2. Principal Place of Business 433 Bay Shore Drive
Suite, Apt. #, etc. 3. Mailing Address 433 Bay Shore Drive
Suite, Apt. #, etc.

City & State Panama City Beach, FL Panama City Beach, FL
Zip 32407 Country Bay Zip 32407 Country Bay

4. FEI Number 59-3615365 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
Michael H. Meints
433 Bay Shore Drive
Panama City Bch, FL 32407

7. Name and Address of New Registered Agent
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 _____ (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, 2001 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 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
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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: _____ 4/27/01 850-234-0396
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)