

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V03162

1. Entity Name

SANDDOLLAR HOMES, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90306 007 ***150.00

Principal Place of Business

8520 HIDDEN PINES RD
FT PIERCE FL 34949
US

Mailing Address

P.O. BOX 351
CLAYTON GA 30525-0351
US

2. Principal Place of Business

3225 So. Lakeview Circle
Suite, Apt. #, etc.
205

3. Mailing Address

3225 So. Lakeview Circle
Suite, Apt. #, etc.
205



DO NOT WRITE IN THIS SPACE

City & State
Ft. Pierce - FL

City & State
Ft. Pierce - FL

4. FEI Number 65-0313011

Applied For
☐ Not Applicable

Zip 34949 Country St. Lucie

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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

SMITH, BRENDA L
8520 HIDDEN PINES RD
FT PIERCE FL 34949

Name Brenda L. Smith
Street Address (P.O. Box Number is Not Acceptable)
3225 So. Lakeview Circle #205
City Ft. Pierce FL Zip Code 34949

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, BRENDA 104 NO. 41ST STREET - FT PIERCE FL 34947	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHRISTOPHER, PAT 104 NO. 41ST ST FT PIERCE FL 34947	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Smith, Brenda L 3225 So. Lakeview Circle #205 Ft. Pierce, FL 34949	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Brenda L. Smith, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-2000 561-468-9038
Date Daytime Phone #

Brenda L. Smith Pres.

CR2E034 (9/99) 11-1