

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90985 002 ***150.00

DOCUMENT # 196579

1. Entity Name
SUN HARBOR, INC.

Principal Place of Business
**214 INLET WAY
 PALM BEACH SHORES FL 33404
 US**

Mailing Address
**214 INLET WAY
 PALM BEACH SHORES FL 33404
 US**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-6071928**

Applied For
 Not Applicable

Zip Country

Zip Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KORTENHAUS, ROBERT A
 214 INLET WAY 301
 PALM BEACH SHORES FL 33404**

7. Name and Address of New Registered Agent

Name **LOFBLAD, ROBERT P.**
 Street Address (P.O. Box Number is Not Acceptable)
214 Inlet Way, # 104
 City **Palm Beach Shores** **FL** Zip Code **33404**

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 **Robert P. Lofblad VP + Treasurer**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE **4/20/01**

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	P	<input checked="" type="checkbox"/> Delete
NAME	HANES, GALEN	
STREET ADDRESS	214 INLET WAY 106	
CITY-ST-ZIP	PALM BEACH SHORES FL 33404	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KORTENHAUS, ROBERT A	
STREET ADDRESS	214 INLET WAY 301	
CITY-ST-ZIP	PALM BEACH SHORES FL 33404	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LOFBLAD, BOB	
STREET ADDRESS	214 INLET WAY 201	
CITY-ST-ZIP	PALM BEACH FL 33404	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	MAYNARD, JOYCE	
STREET ADDRESS	214 INLET WY 205	
CITY-ST-ZIP	PALM BEACH SHORES FL 33404	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOFFEL, JANE	
STREET ADDRESS	214 INLET WAY	
CITY-ST-ZIP	PALM BEACH SHORE FL 33404	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP + TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOFBLAD, ROBERT	
STREET ADDRESS	214 INLET WAY 104	
CITY-ST-ZIP	PALM BEACH SHORES, FL 33404	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ralph Lockerbie	
STREET ADDRESS	214 Inlet Way 101	
CITY-ST-ZIP	Palm Beach Shores, FL 33404	

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: **Robert P. Lofblad**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/20/01** Daytime Phone # **561-842-6621**

CR2E034 (10/00)