

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90011 001 ****61.25

703195



DO NOT WRITE IN THIS SPACE

DOCUMENT # 765157
 1. Entity Name
SUNSYSTEM DEVELOPMENT CORPORATION

Principal Place of Business 111 N. ORLANOD AVE. WINTER PARK FL 32789-3675	Mailing Address 111 N. ORLANOD AVE. WINTER PARK FL 32789-3675
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2219301	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
 TRIMBLE, TAMARA L
 111 N. ORLANDO AVE.
 WINTER PARK FL 32789-3675

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME D MARDIAN, BLAIR STREET ADDRESS 111 NORTH ORLANDO AVENUE CITY-ST-ZIP WINTER PARK FL 32789-3675	<input checked="" type="checkbox"/> Delete
TITLE NAME VD WERNER, THOMAS STREET ADDRESS 111 NORTH ORLANDO AVE CITY-ST-ZIP WINTER PARK FL 32789-3675	<input type="checkbox"/> Delete
TITLE NAME AS BLOCK, L MARK STREET ADDRESS 111 N. ORLANOD AVE. CITY-ST-ZIP WINTER PARK FL 32789-3675	<input type="checkbox"/> Delete
TITLE NAME D TREVINO, MAX STREET ADDRESS 777 SOUTH BURLESON BLVD. CITY-ST-ZIP BURLESON TX 76028	<input type="checkbox"/> Delete
TITLE NAME D NORMAN, PAUL M STREET ADDRESS 7050 GALL BOULEVARD CITY-ST-ZIP ZEPHYRHILLS FL 33541	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 617, 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: *Mark Block* **Asst. Secretary** 01/15/01 (407) 975-1413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)