

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F26293**

1. Entity Name

SUN COMMERCIAL REAL ESTATE, INC.**FILED**
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90198 048 ***150.00

0486515

Principal Place of Business
670 NORTH COURTENAY PKWY
SUITE B
MERRITT ISLAND FL 32953-4470
USMailing Address
670 NORTH COURTENAY PKWY
SUITE B
MERRITT ISLAND FL 32953-4770
US**A0038702**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
670 NORTH COURTENAY PKWY.3. Mailing Address
670 NORTH COURTENAY PKWY.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 17A**SUITE 17A**City & State
MERRITT ISLAND FLORIDACity & State
MERRITT ISLAND FLORIDA4. FEI Number **59-2085580**Applied For
Not ApplicableZip
32953-4770Country
USAZip
32953-4770Country
USA5. 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****BARGER, JOHN C.**
4590 ANNETTE COURT
MERRITT ISLAND FL 32953

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

Signature, typed or printed name of registered agent and title if applicable.

(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 State10. 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
PD
BARGER, JOHN C
4590 ANNETTE COURT
MERRITT ISLAND, FL 00000 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
BARGER, MARY L
4590 ANNETTE COURT
MERRITT ISLAND FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN C. BARGER**MARCH 24, 2001 (321) 452-4332**

Date

Daytime Phone #

CR2E034 (10/00)