

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J10116

1. Entity Name

SUNSTREAM, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90047 030 ***150.00

Principal Place of Business

Mailing Address

ATTN: JANE KIRKMAN
 6640 ESTERO BLVD.
 FT MYERS BCH. FL 33931

ATTN: JANE KIRKMAN
 6640 ESTERO BLVD.
 FT MYERS BCH. FL 33931-4512

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6620 Estero Blvd.

6620 Estero Blvd.

City & State

City & State

Ft. Myers Beach, FL

Ft. Myers Beach, FL

Zip

Country

Zip

Country

33931

33931



DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1674018

Applied For
 Not Applicable

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

MONSRUD, MARY ANNE
 6640 ESTERO BLVD.
 FT. MYERS BEACH FL 33931

Name

Street Address (P.O. Box Number is Not Acceptable)

6620 Estero Blvd

City

Ft. MYERS Beach

FL

Zip Code

33931

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

Mary Anne Monsrud

4/19/00

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, 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 D ☐ Delete
 NAME LAWRENCE, PAUL W
 STREET ADDRESS 1303 S FRONTAGE RD #11
 CITY-ST-ZIP HASTINGS MN

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VSD ☐ Delete
 NAME VOGEL, JAMES D.
 STREET ADDRESS 3936 TAMiami TRAIL N. STE. D
 CITY-ST-ZIP NAPLES FL 33940

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DV ☐ Delete
 NAME SWANSON, ROBERT J
 STREET ADDRESS 1303 S FRONTAGE RD #11
 CITY-ST-ZIP HASTINGS MN

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME VOGEL, RICHARD M
 STREET ADDRESS 3936 TAMiami TRAIL N. STE. D
 CITY-ST-ZIP NAPLES FL 33940

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DPT ☐ Delete
 NAME LAWRENCE, DAVID A.
 STREET ADDRESS 1303 S. FRONTAGE ROAD
 CITY-ST-ZIP HASTINGS MN

TITLE ☒ Change ☐ Addition
 NAME DPT LAWRENCE, DAVID A.
 STREET ADDRESS 1303 S. Frontage Road #11
 CITY-ST-ZIP Hastings, MN 55033

TITLE SVD ☐ Delete
 NAME FLUEGEL, DONALD
 STREET ADDRESS 1303 S. FRONTAGE ROAD
 CITY-ST-ZIP HASTINGS MN

TITLE ☒ Change ☐ Addition
 NAME SVD FLUEGEL, DONALD
 STREET ADDRESS 1303 S. Frontage Road # 5
 CITY-ST-ZIP Hastings, MN 55033

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 in an attachment with an address, with another like empowered.

SIGNATURE:

David A. Lawrence
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ap. 24, 2000 651-437-8990
 Date Daytime Phone #

CR2E034 19/99