

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90194 031 ***150.00

DOCUMENT # **J10116**



1. Entity Name
SUNSTREAM, INC.

Principal Place of Business
**6620 ESTERO BLVD
FT MYERS BCH. FL 33931**

Mailing Address
**6620 ESTERO BLVD
FT MYERS BCH. FL 33931**

90024370



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **58-1674018**

Applied For
Not Applicable

Zip

Country

Zip

Country

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
6620 ESTERO BLVD
FT. MYERS BEACH FL 33931**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	LAWRENCE, PAUL W	
STREET ADDRESS	1125 S FRONTAGE RD SUITE 4	
CITY-ST-ZIP	HASTINGS MN 55033	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	VOGEL, JAMES D.	
STREET ADDRESS	3936 TAMiami TRAIL N. STE. D	
CITY-ST-ZIP	NAPLES FI 33940	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SWANSON, ROBERT J	
STREET ADDRESS	1125 S FRONTAGE RD SUITE 4	
CITY-ST-ZIP	HASTINGS MN 55033	
TITLE	D	<input type="checkbox"/> Delete
NAME	VOGEL, RICHARD M	
STREET ADDRESS	3936 TAMiami TRAIL N. STE. D	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE	DPT	<input type="checkbox"/> Delete
NAME	LAWRENCE, DAVID A.	
STREET ADDRESS	1125 S FRONTAGE RD SUITE 4	
CITY-ST-ZIP	HASTINGS MN 55033	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	FLUEGEL, DONALD	
STREET ADDRESS	1303 S FRONTAGE RD #5	
CITY-ST-ZIP	HASTINGS MN 55033	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10, Block 11 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

1/9/03 Date
765-4111 Daytime Phone #

CR2E034 (10/02)