

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90039 019 \*\*\*150.00

**2002 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b>	<b>M17386</b>
1. Entity Name <b>SUNBELT CORPORATE CENTER II, INC.</b>	

Principal Place of Business <b>220 CONGRESS PARK DR SUITE 215 DELRAY BEACH FL 33445 US</b>	Mailing Address <b>220 CONGRESS PARK DRIVE SUITE 215 DELRAY BEACH FL 33445 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State

4. FEI Number <b>59-2547124</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>8. Name and Address of Current Registered Agent</b>  <b>JOHNSTON, SHEPHERD D. 220 CONGRESS PARK DR., STE 215 DELRAY BEACH FL 33445</b>
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<b>7. Name and Address of New Registered Agent</b>	
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 <i>Stephen T. Falvey</i>	DATE
<small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>	

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>
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**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MANN, HUGO</b> <input type="checkbox"/> Delete <b>220 CONGRESS PK DR #215 DELRAY BEACH FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD JOHNSTON, SHEPHERD D</b> <input type="checkbox"/> Delete <b>220 CONGRESS PARK DR 215 DELRAY BEACH FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V FALVEY, STEPHEN T</b> <input type="checkbox"/> Delete <b>220 CONGRESS PK DR #215 DELRAY BEACH FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MANN, JOHANNES</b> <input type="checkbox"/> Delete <b>220 CONGRESS PK DR #215 DELRAY BEACH FL 33445</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FIRNGES, HANS</b> <input type="checkbox"/> Delete <b>220 CONGRESS PK DR #215 DELRAY BCH. FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D REEVES, RICHARD M</b> <input type="checkbox"/> Delete <b>200 CONGRESS PARK DRIVE # 215 DELRAY BEACH FL 33445</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ULRICH D ZIETEMANN</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>220 CONGRESS PARK DR STE 215 DELRAY BEACH, FL 33445</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC SVP STEPHEN T FALVEY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>220 CONGRESS PK DR #215 DELRAY BEACH, FL 33445</b>
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

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 empowerments.

SIGNATURE: <i>Stephen T. Falvey</i>	<b>SIGNATURE REQUIRED</b>	Date: <b>2/22/02</b>	Daytime Phone #: <b>561-265-1300</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

CR2E034 (9/01)