2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # M82744 Feb 15, 2000 8:00 am 1. Entity Name **Secretary of State** SUN-ROCK INC. 02-15-2000 90063 033 ***150.00 Principal Place of Business Mailing Address C/O EDMUND P. WINDSTRUP C/O EDMUND P. WINDSTRUP 275 MAPLE AVENUE 275 MAPLE AVENUE PALM HARBOR FL 34684 PALM HARBOR FL 34684-1237 2. Principal Place of Business 3. Mailing Address 904 ANCLOTE RD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For 59-2923480 FL TARPON SPRINGS Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WINDSTRUP, EDMUND P. Street Address (P.O. Box Number is Not Acceptable) 275 MAPLE AVENUE PALM HARBOR FL 34684 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 TITLE ☐ Delete TITLE WINDSTRUP, Edmund P. WINDSTRUP, EDMUND P. NAME NAME 275 MAPLE AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PALM HARBOR FL 34684 ☐ Addition TITLE ☐ Delete TITLE WINDSTRUP, BARBARA J. WINDSTRUP, BARBARA J. NAME NAME STREET ADDRESS STREET ADDRESS 275 MAPLE AVE. PALM HARBOR FL 34684 CITY-ST-ZIP CITY-ST-ZIP D----Change ☐ Addition - -- Delete TITLE WINDSTRUP, OANNEL W. WINDSTRUP, DANIEL W. NAME 438 LAFAYETTE BIVD. OLDSMAR FL 34677 73 ARNONI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DUNEDIN FL** CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. Thereby 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 experimental 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 lay empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

DANIEL WINDSTRUP 2-3-00