

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90171 013 \*\*\*158.75

**DOCUMENT #** P02000012508

1. Entity Name  
**SUNFROG SERVICES, INC.**



Principal Place of Business  
**504-B EAST MOORE LOOP  
B  
WEST POINT NY 10996**

Mailing Address  
**P.O. BOX 99  
WEST POINT NY 10996**



2. Principal Place of Business  
**2549 Maitland Crossing Way  
Suite, Apt. #, etc.  
Apt 11207**

3. Mailing Address  
**380 South SR 434  
Suite, Apt. #, etc.  
PMB 158, Suite 1004**

City & State  
**Orlando FL**

City & State  
**Altamonte Springs, FL**

Zip  
**32810**

Country  
**USA**

Zip  
**32714**

Country  
**USA**

CHECK HERE IF MAKING CHANGES

4. FEI Number  
**43-1950410**

Applied For  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  
 **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**JOYCE, PHYLLIS L  
2732 NOVA DRIVE  
APOPKA FL 32703**

7. Name and Address of New Registered Agent

Name  
**Jodi L. Diehl**

Street Address (P.O. Box Number is Not Acceptable)  
**2549 Maitland Crossing Way  
Apt 11207**

City  
**Orlando**

State  
**FL**

Zip Code  
**32810**

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 *Jodi L. Diehl* **Jodi L. Diehl, President** **March 17, 2003**

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

**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

TITLE <b>P</b>	<input type="checkbox"/> Delete
NAME <b>DIEHL, JODI L</b>	
STREET ADDRESS <b>504-B EAST MOORE LOOP</b>	
CITY-ST-ZIP <b>WEST POINT NY 10996</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Diehl, Jodi L.</b>	
STREET ADDRESS <b>2549 maitland Crossing Way</b>	
CITY-ST-ZIP <b>Orlando, FL 32810</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jodi L. Diehl* **Diehl** **March 17, 2003** **877-897-3140**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)