

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90571 003 \*\*\*158.75

DOCUMENT # **P04-000127187**

1. Entity Name

**SUNFLOWER SERVICES Inc**

**DO NOT WRITE IN THIS SPACE**

**20036648**

2. Principal Place of Business

**2061, ROOKERY BAY DRIVE**

3. Mailing Address

**P.O. BOX 193**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#2203**

City & State

**NAPLES FL**

City & State

**MARCO ISLAND FL**

4. FEI Number

**73-1730096**

Applied For

Not Applicable

Zip

**34114**

Country

**USA**

Zip

**34146**

Country

**USA**

5. Certificate of Status Desired

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**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

**DAVID J. MOURICK**

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

**10998 BONITA BEACH RD, #2**

**BONITA SPRINGS**

**FL**

Zip Code  
**34135**

**DO NOT WRITE  
IN THIS SPACE**

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 resigning)

DATE

9. This corporation is eligible to satisfy its intangible-  
Tax filing requirement and elects to do so.  
(See criteria on back)

☒

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**LISA BEIRNE**  
**2061, ROOKERY BAY DRIVE #2203**  
**MARCO ISLAND FL 34114**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 on an attachment with an address, with all power like empowered.

SIGNATURE:

**Beirne**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**14<sup>th</sup> April 2005**

Date

**239-465-8086**

Daytime Phone #

CR2E034B (12/01)