

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90029 022 ***158.75

DOCUMENT # P95000063577

1. Entity Name
SUTTON PARK PROPERTIES, INC.

Principal Place of Business Mailing Address
804 S FEDERAL HWY HALLANDALE FL **804 S FEDERAL HWY HALLANDALE FL**

2. Principal Place of Business 3. Mailing Address
10621 PAYNE Rd. **10621 PAYNE Rd.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number 65-0603706 Applied For
SEBRING, FL **SEBRING, FL** Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
33875 USA **33875 USA**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
SUTTON, JAMES G Name **SUTTON, JAMES G.S.**
804 S FEDERAL HWY Street Address (P.O. Box Number is Not Acceptable)
HALLANDALE FL **10621 PAYNE Rd.**
 City **SEBRING** FL Zip Code **33875**

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 *James G.S. Sutton* **JAMES G.S. SUTTON** **4/26/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) D/E

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00** 10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**
 (See criteria on back) **After MAY 1, 2001 Fee will be \$550.00**
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D SUTTON, JAMES G 804 S FEDERAL HWY HALLANDALE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JAMES G.S. SUTTON 10621 PAYNE Rd. SEBRING, FL 33875
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 empowered.

SIGNATURE: *James G.S. Sutton* **JAMES G.S. SUTTON** **4/26/01** **863 314-9102**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)