

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2001 8:00 am**  
**Secretary of State**

05-07-2001 90063 045 \*\*\*150.00

**A0062456**

DO NOT WRITE IN THIS SPACE

**DOCUMENT # P98000084320**  
 1. Entity Name  
 Sundoulos Corp.

Principal Place of Business Mailing Address

2. Principal Place of Business 9080 Lime Bay Blvd.  
 Suite, Apt. #, etc. # 301

3. Mailing Address 9080 Lime Bay Blvd.  
 Suite, Apt. #, etc. # 301

City & State Tamarac, FL.  
 Zip 33321 Country U.S.

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4. FEI Number 65-0867398  
 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
 Terry Stover  
 9080 Lime Bay Blvd. # 301  
 Tamarac, FL. 33321

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

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	S/T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joycelyn Stover
STREET ADDRESS	9080 Lime Bay Blvd. # 301
CITY-ST-ZIP	Tamarac, FL. 33321
TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Terry Stover
STREET ADDRESS	9080 Lime Bay Blvd. # 301
CITY-ST-ZIP	Tamarac, FL. 33321
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	

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: Terry Stover Terry Stover 4/23/01 (954) 724-8179  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)