

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
 05-02-2001 90126 002 ***150.00

0283490

DOCUMENT # P99000064575

1. Entity Name
SUNSCAPE SERVICES, INC.

Principal Place of Business
**13593 CITRUS DR
 LOXAHATCHEE FL 33470**

Mailing Address
**15510 ROLLING MEADOWS CIRCLE
 WELLINGTON FL 33414**

2. Principal Place of Business

3. Mailing Address
P.O. Box 1348

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Loxahatchee

City & State

City & State
Loxahatchee, FL



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0936083**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ZOTTOLI, IMMACOLATA
 15510 ROLLING MEADOWS CIRCLE
 WELLINGTON FL 33414**

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.

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 Delete
 NAME **D ZOTTOLI, IMMACOLATA**
 STREET ADDRESS **15510 ROLLING MEADOWS CIRCLE**
 CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE Change Addition
 NAME **P.O. Box 1348**
 STREET ADDRESS **Loxahatchee, FL**
 CITY-ST-ZIP **33470**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change 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: *Immacolata Zottoli*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Immacolata Zottoli

Date **4/15/01** Daytime Phone # **561.793-1157**

CR2E034 (10/00)