

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90147 037 ***150.00

DOCUMENT # **V45579**

1. Entity Name
SUNDIAL DESIGN & CONSTRUCTION, INC.



Principal Place of Business
**309 NATHAN HALE ROAD
WEST PALM BEACH FL 33405**

Mailing Address
**309 NATHAN HALE ROAD
WEST PALM BEACH FL 33405**



2. Principal Place of Business

6010 MARTIN AVE

3. Mailing Address

6010 MARTIN AVE

Suite, Apt. #, etc.

WEST Palm Beach

Suite, Apt. #, etc.

WEST Palm Beach

City & State

Florida

City & State

Florida

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0348962**

Applied For
 Not Applicable

Zip
33405

Country
US

Zip
33405

Country
US

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

6. Name and Address of Current Registered Agent

**LEWIS, JAMES M.
309 NATHAN HALE ROAD
W. PALM BEACH FL 33405**

7. Name and Address of New Registered Agent

Name
LEWIS, JAMES M.
Street Address (P.O. Box Number is Not Acceptable)
6010 MARTIN AVE
City
W P B FL Zip Code
33405

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

[Signature]
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DPC	LEWIS, JAMES M.	309 NATHAN HALE ROAD	W. PALM BCH. FL 33405	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		6010 MARTIN AVE	W P B, FL 33405	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/03 **561-541-6656**
Date Daytime Phone #

CR2E034 (10/02)