

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 23, 2001 8:00 am**
Secretary of State

01-23-2001 90007 011 ***150.00

DOCUMENT # 320880**1. Entity Name**
SUN LITE PROPERTIES INC**Principal Place of Business**
40 SE 9 AVE.
DEERFIELD BEACH FLA 33441**Mailing Address**
1907 ROSE MALLOW LN
ORANGE PARK FL 32073
US**2. Principal Place of Business**
1907 ROSE MALLOW LN**3. Mailing Address**
1907 ROSE MALLOW LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ORANGE PARK, FL.**City & State**
ORANGE PARK, FL**4. FEI Number** **59-1195101**

Applied For

Not Applicable

Zip
32003**Country**
CLAY**Zip**
32003**Country**
CLAY**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****BERESCH, JEROME J.**
1907 ROSE MALLOW LN
ORANGE PARK FL-32073-
32003

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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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** **PD** ☐ Delete
NAME **BERESCH, JEROME J**
STREET ADDRESS **1907 ROSE MALLOW LN**
CITY-ST-ZIP **ORANGE PARK FL****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **D** ☐ Delete
NAME **BERESCH, JOYCE**
STREET ADDRESS **1907 ROSE MALLOW LN.**
CITY-ST-ZIP **ORANGE PARK FL****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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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:** *Jerome Beresch* **JEROME BERESCH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAN 11, 2001 904-264-2315

CR2E034 (10/00)