## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # **P00000110053** SUNDIAL CONSULTING GROUP, INC. 04-27-2001 90282 006 \*\*\*150.00 Principal Place of Business Mailing Address 4817 VENETIAN PLACE NORTHEAST 4817 VENETIAN PLACE NORTHEAST SAINT PETERSBURG FL 33703 SAINT PETERSBURG FL 33703 2. Principal Place of Business 3. Mailing Address 7600 BayAN DAIRY 7600 BRYAN DAIRY RD Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE C City & State City & State 4. FEI Number Applied For LARGO. 59-3684361 Anso. Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33777 ろるクフフ PINELLA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 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 Fiorida Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) STAC 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE CR2E034 (10/00) PTD ☐ Delete ☐ Change Addition | NAME TOPPING, DENNIS A STREET ADDRESS STREET ADDRESS 4817 VENETIAN PLACE NORTHEAST CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33703 SVD TITLE ☐ Delete SVD TITLE Change Change Addition ARNTZEN ALLEN D. 2240 WILLOWBROOK DR. NAME ARNTZEN, ALLEN D STREET ADDRESS STREET ADDRESS 4817 VENETIAN PLACE NORTHEAST CITY-ST-ZIE CITY-ST-ZIP CLEARWATER FL 33764 SAINT PETERSBURG FL 33703 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

3. 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 repeller 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 attack meet with an applicase, with all other like empowered.

SIGNATURE: 1 10 June Topo DEN 2) S A. TOPO ING PRESIDENT 4/13/0; 727.768.048