## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **544904** Apr 11, 2000 8:00 am Secretary of State 1. Entity Name SUN MANOR CORPORATION 04-11-2000 90026 041 \*\*\*150.00 Principal Place of Business Mailing Address 15884 NORTH RD 15884 NORTH RD LOXATATCHEE FL 33470-3805 LOXATATCHEE FL 33470 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1761168 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired \* ~ -Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OLSEN, JOSEE Street Address (P.O. Box Number is Not Acceptable) 15884 NORTH RD **LOXAHATCHEE FL 33470** Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS PD TITI F G9 ☐ Addition TITLE ☐ Defete LANDRY, ROGER LANDRY, ROGER NAME NAME 15884 NORTH Rd. STREET ADDRESS 3912 NW 2ND COURT STREET ADDRESS LOXAHATCHEE FL 33-170-3805 CITY-ST-ZIP CITY-ST-ZIP **DEERFIELD BEACH FL 33442** STD Ghange -☐ Addition ☐ Delete TITLE LANDRY YVETTE LANDRY, YVETTE NAME NAME 15884 NOKTH 7-d. 3912 NW 2ND COURT STREET ADDRESS STREET ADDRESS LOXANOTCHEE FL 33470-3805 CITY-ST-7IP CITY-ST-ZIP **DEERFIELD BEACH FL 33442** Change ☐ Addition Delete TITLE CLSEN, JOSEE OLSEN, JOSEE NAME NAME 15884 NORTH 7d. 3912 NW 2ND COURT STREET ADDRESS STREET ADDRESS LOXANATCHE ITL 33470-3805 CITY-ST-ZIP **DEERFIELD FL 33442** CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-7IP

TITLE

NAME

JOSEG OLSEN VP - JOSEE OLSEN J SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

1-1-00

561-333-2886

☐ Change

■ Addition

Daytime Phone #