## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 19, 2002 8:00 am § Secretary of State **DOCUMENT #** 559253 1. Entity Name 05-19-2002 90031 007 \*\*\*150.00 SUN LAND FINANCIAL CORP. Principal Place of Business Mailing Address 450 S.GULFVIEW.#1206 450 S.GULFVIEW.#1206 P.O. BOX 3277 P.O. BOX 3277 CLEARWATER FL 33767 **CLEARWATER FL 33767** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2262107 Not Applicable Zìp Country Zip 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 FLAVAN, JOHN M Street Address (P.O. Box Number is Not Acceptable) 450 S. GULFVIEW SUITE 1206 CLEARWATER FL 33767 City Zip Code FL 8. Time 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition NAME FLAVAN, JOHN M NAME STREET ADDRESS 450 S. GULFVIEW #1206 STREET ADDRESS CITY-ST-7IB CLEARWATER FL CITY-ST-ZIP TITLE VD ☐ Delete TITLE ☐ Change ☐ Addition NAME HIGGS, NEAL P. MAME STREET ADDRESS 2723 WOLF RIVER CT. STREET ADDRESS CITY-ST-ZIP NAPERVILLE FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

13. I hereby certify that the information supplied with this filling 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

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

4/23/02 (727) 461-3764

FILED