

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-09-2003 90089 013 ***150.00

DOCUMENT # F02000003023

1. Entity Name
SUNCEPTS, INC.



Principal Place of Business
**388 S.E. POMA WAY
STUART FL 34994**

Mailing Address
**388 S.E. POMA WAY
STUART FL 34994**

2. Principal Place of Business

2654 SE WILLOW GHB BLVD 2654 SE WILLOW GHB BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

STUART FL 34994

City & State

STUART FL.

4. FEI Number

95-4795939

Applied For

Not Applicable

Zip

34994

Country

US

Zip

34990

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CARY, LAWRENCE E III
555 COLORADO AVENUE STE. 1
STUART FL 34994**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 **C** ☐ Delete
NAME **ZUCKERMAN, STEPHEN**
STREET ADDRESS **9601 WILSHIRE BLVD STE. 333**
CITY-ST-ZIP **BEVERLY HILL CA 90210**

TITLE **P** ☐ Delete
NAME **SANTARSIERO, JOHN**
STREET ADDRESS **388 SE POMA WAY**
CITY-ST-ZIP **STUART FL 34994**

TITLE **CFO** ☐ Delete
NAME **BRESSETTE, NORMAN F**
STREET ADDRESS **388 SE POMA WAY**
CITY-ST-ZIP **STUART FL 34994**

TITLE **S** ☐ Delete
NAME **SANTARSIERO, BONNIE**
STREET ADDRESS **388 S.E. POMA WAY**
CITY-ST-ZIP **STUART FL 34994**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

NORMAN F BRESSETTE **1-6-03 (772) 781-7979**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)