


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0656336 AT

DOCUMENT # F02000005854

1. Entity Name
SUNBURST/ENCORE GP, INC.



FILED
03 APR 29 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O ENCORE COMM., LLC
6991 E. CAMELBACK, SUITE B-360
SCOTTSDALE AZ 85251

Mailing Address
C/O ENCORE COMM., LLC
6991 E. CAMELBACK, SUITE B-360
SCOTTSDALE AZ 85251



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Zip Country

City & State
Zip Country

4. FEI Number **NOT APPLICABLE**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	D ELLIS, CHARLES 6991 E. CAMELBACK ROAD, SUITE B-360 SCOTTSDALE AZ 85251	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT NAPP, DAVID A 6991 E. CAMELBACK ROAD, SUITE B-360 SCOTTSDALE AZ 85251	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS EDWARDS, COLLEEN S 6991 E. CAMELBACK ROAD, SUITE B-360 SCOTTSDALE AZ 85251	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	400018461754 05/07/03--01090--009 **25.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400018461754 05/07/03--01090--010 **25.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400018461754 05/07/03--01090--011 **166.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400018461754 05/07/03--01090--012 **25.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400018461754 05/07/03--01090--013 **166.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400018461754 05/07/03--01090--014 **166.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 fees empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**
BY: **David A. Napp, President, IURQ, Inc., as Authorized Signatory**
Date **4/18/03** Daytime Phone # **(480) 423-5700**

CR2E034 (10/02)