

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90026 045 ***150.00

0254070

DOCUMENT # F20282

1. Entity Name
SUN HOMES, INCORPORATED

Principal Place of Business % ITS MANAGEMENT, INC. 2880 W OAKLAND PARK BLVD SUITE 118 FT. LAUDERDALE FL 33311-1362	Mailing Address % ITS MANAGEMENT, INC. 2880 W OAKLAND PARK BLVD SUITE 118 FT. LAUDERDALE FL 33311-1362
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2084816	Applied For
	Not Applicable

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SCHMOCKER, SUSANNA
2880 W. OAKLAND PARK BLVD.
SUITE 118
FT. LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name **I + S Management Inc.**
 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.

SIGNATURE *S. Schmocker, Susanna Schmocker* DATE *4/18/01*
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 Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO LUDWIG, KURT ☒ Delete 2881 NE 33 CT #P-A FT. LAUDERDALE FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO LUDWIG, KURT ☐ Delete 3200 N. Port Royal Dr. N. # 1907 FT. Lauderdale FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SC Patricia Ludwig ☐ Delete 3200 N. Port Royal Dr. N. # 1907 FT. Lauderdale FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: *J. Schmocker* DATE *4/18/01*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)