## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # F9400000468 Sep 11, 2000 8:00 am Secretary of State 1. Entity Name SUNTRAN INTERNATIONAL CORPORATION 09-11-2000 90072 031 \*\*\*150.00 Principal Place of Business Mailing Address 512 AVENUE H N.W. 347 GOLF COURSE PKWY WINTER HAVEN FL 33881 DAVENPORT FL 33837 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State ~City & State\_ 4. FEI Number Applied For 88-0308291 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHRISTMAN, LISA C. Street Address (P.O. Box Number is Not Acceptable) 347 GOLF COURSE PKWY **DAVENPORT FL 33837** 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible .10.\_Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE ☐ Delete TITLE CHRISTMAN, LISA C. NAME NAME 347 GOLF COURSE OWKY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVENPORT FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE CHRISTMAN, BRIAN P NAME NAME 347 GOLF COUSRSE PKWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAVENPORT FL CITY-ST-ZIP Addition Delete TITLE ☐ Change TITLE FOOTE, LELAMD W NAME NAME STREET ADDRESS 14417 1556TH NE STREET ADORESS CITY-ST-ZIP **WOODVILLE WA** CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 address parts all other like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

8-31-(V) & 3-424-351

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10 Whom it May concern.
J .
Enclosed please find my annual leport for
the year 2000. I was surprised to see
this second notice because I was certain
that I sent my annual report in April
like I always do. Upon reviewing my
paperwork I did find that my leport
was in fact sent to you April 10th 2000.
my only determination is that it was lost.
Please accept this additional annual
report with the Annual fee of 1500
to replace the one that was lost or
misplaced ASI have never been late
sending a Report botise.
I will from now on send my Reports
certified leturn receipt so I can have
a record in the future and will
Know if you received this somer.
Thank you
Mea Chustman
Suntran International