

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F94000004272**1. Entity Name  
**SUNEAST, INC.****FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90005 023 \*\*\*150.00

Principal Place of Business  
**2525 E. CAMELBACK RD. STE 888**  
**PHOENIX AZ 85016**Mailing Address  
**2525 E. CAMELBACK RD. STE 888**  
**PHOENIX AZ 85016**

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 <b>86-0760027</b>                           |         | Applied For<br><input type="checkbox"/> Not Applicable |         |
| 5. Certificate of Status Desired <input type="checkbox"/> |         | \$8.75 Additional Fee Required                         |         |

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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                     |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br><b>POPE, WILLIAM A</b><br><b>2525 E. CAMELBACK RD, STE 888</b><br><b>PHOENIX AZ</b><br><input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VS</b><br><b>RENNECKAR, STEPHEN E</b><br><b>2525 E. CAMELBACK RD, STE 888</b><br><b>PHOENIX AZ 85016</b><br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>POPE, WILLIAM A</b><br><b>2525 E CAMELBACK RD STE 888</b><br><b>PHOENIX AZ 85016</b><br><input type="checkbox"/> Delete                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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: Stephen E. Rennekar, V.P./Secretary  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/01

Date

602-852-5588

Daytime Phone #

CR2E034 (10/00)