2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # F96000005961 Mar 30, 2000 8:00 am 1. Entity Name. SUNBURST ENTERPRISES, INC. OF MN **Secretary of State** 03-30-2000 90018 010 \*\*\*150.00 Principal Place of Business Mailing Address 2036 IMPERIAL CIRCLE 1580 WHITE OAK DR. NAPLES, FL STE 285 34110 CHASKA, MN 55318 U.S. 828941 U.S. 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 41-1834663 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COOPER, HARRIS COOPER, HARRIS 26455 CLARKSTON DR BONITA SPRINGS, FL 34135 NAPLES 34110 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) FILE NOWIII FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition DCPT DCPT TITLE TITLE ☐ Delete COOPER, HARRIS NAME NAME COOPER, HARRIS 2036 IMPERIAL CIRCLE STREET ADDRESS STREET ADDRESS 26455 CLARKSTON DR BONITA SPGS FL 34135 CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34110 Change Addition X Delete TITLE TITLE COOPER, PATRICE NAME NAME 445 DOCKSIDE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34110 CITY-ST-ZIP ☐ Change Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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 a other like empowered.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/2000 6

612-536-0018

Daytime Phone #