

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005961

1. Entity Name

SUNBURST ENTERPRISES, INC. OF MN.

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90294 021 ***150.00

Principal Place of Business

2036 IMPERIAL CIRCLE
NAPLES FL 34110
US

Mailing Address

1580 WHITE OAK DR
STE 285
CHASKA MN 55318
US

2. Principal Place of Business

3. Mailing Address

1580 White Oak Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 41-1834663

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COOPER, HARRIS
2036 IMPERIAL CIRCLE
NAPLES FL 34110

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

Harris Cooper *HARRIS COOPER PRES.* 4/5/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DCPT ☐ Delete
NAME COOPER, HARRIS
STREET ADDRESS 2036 IMPERIAL CIRCLE
CITY-ST-ZIP NAPLES FL 34110

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DCVS ☒ Delete
NAME COOPER, PATRICE D
STREET ADDRESS 445 DOCKSIDE DR
CITY-ST-ZIP NAPLES FL 34110

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 an address, with all other like empowered.

SIGNATURE:

Harris Cooper *HARRIS COOPER PRES.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/01 952-556-5511

Date

Daytime Phone #

CR2E034 (10/00)