2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 16, 2003 8:00 am Secretary of State

DOCUMENT # F98400 1. Entity Name sungate, Inc.	, \			04-16-2003	90116 022 *	**158.75
Principal Place of Business 3260 UNIVERSITY BLVD. SUITE 210 WINTER PARK, FL 32792 US	Mailing Address 3260 UNIVERSITY BLVD. SUITE 210 WINTER PARK, FL 32792	us				KIRIN BIRIN 1 83 1
2. Principal Place of Business 3300 University Blug	3. Mailing Address Un	wersit	4			
Subject 218	Stufe 218		- 1	4. FEI Number Applied For		nlied For
Winter Park, FL	WinterParl			59-2214495	No	1 Applicable
32792 Sunty A	32792	<u>USA</u>		. Certificate of Status Desired	\$8.75 Add Fee Required	itional 5
6. Name and Address of Current HADDOCK PROFESSIONAL ASSOCIATION 9260 UNIVERSITY BLVD. SUITE 210 WINTER PARK, FL 32792		330 SU	Jwa 50° U wte	Name and Address of New Registers C. Haddock Box Number is Not Acceptable d. 218 Park	Zipcapi	79>
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, hyperior primed name of registered agent and title I applicable. (NOTE: Registered Agent signature required when reinstating) CATE						
FILE NOWILL FEE'IS \$150.00 After May 1, 2003 Fee Will be \$550.00 Make Check Payable to Florida Department				Election Campaign Financing Trust Fund Contribution.		0 May Be to Fees
10. OFFICERS AND	DIRECTORS Delete	11.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS Change	
NAME STREET ADDRESS GITY-ST-ZP HADDOCK JR, EDWARD 2250-UNIVEROITY BLVD: WINTER PARK, FL		NAME STREET ADDRESS CITY-ST-21P	330 Wir	o university Bl		Je 20 (20/05)
TITLE NAME STREET ADDRESS CITY-S1-2P	□ DeleNe	TITLE NAME STREET ADDRESS CITY-ST-2IP			☐ Change	Addition CHS
TITLE NAME STREET ADDRESS C11Y-S1-ZP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-2P	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP	☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-2IP			☐ Change	Addition
12. I hereby certify that the information supplied with this filling 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 suppler/ential 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE: SIGNATURE:						
	PRINTED NAME OF SIGNING OFFICER OR	DIRECTOR		Day	Caytima Phone #	<u> </u>