**FILED** 

## 2002 Uniform Business Report (UBR)

## Apr 08, 2002 8:00 am Secretary of State DOCUMENT # G41631 1. Entity Name 04-08-2002 90212 007 \*\*\*150.00 SUN TREE CONSTRUCTION, INC. Principal Place of Business Mailing Address 6566 IDLEWILD ST 6566 IDLEWILD ST FT MYERS FL 33912 FT MYERS FL 33912 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2294471 Not Applicable Country Country \$8.75 Additional -5.\_Certificate of Status Desired -- 🔲 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TAMINOSSIAN STEPHEN J. Street Address (P.O. Box Number is Not Acceptable) 2108 MONROE STREET FORT MYERS FL 33901 Zin 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (9/01)TITLE ☐ Delete TITLE DAVIDSON, RAYMOND M. NAME NAME 6566 IDLEWILD STREET STREET ADDRESS STREET ADDRESS FT. MYERS FL CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE DAVIDSON, RAYMOND M. NAME NAME STREET ADDRESS 6566 IDLEWILD STREET STREET ADDRESS FT. MYERS FL-CITY-ST-ZIP CITY\_ST\_ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITL F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

monel M. Davidson SIGNATURE: #724/1990