2002 Uniform Business Report (UBR)

Mar 20, 2002 8:00 am \$\frac{8}{5}\$ **DOCUMENT #** G91033 **Secretary of State** 1. Entity Name SUN COUNTRY BUILDERS, INC. 03-20-2002 90025 017 ***150.00 Principal Place of Business Mailing Address 221 FENTRESS BLVD. 221 FENTRESS BLVD. DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2393416 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent Name SCHWARZ, RALPH L., JR. Street Address (P.O. Box Number is Not Acceptable) 12 NOTTINGHAM DRIVE **ORMOND BEACH FL 32174** 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PVT Schwarz, Jr. Ralph L. 12 Nottingham Brive ₩ Change ☐ Addition TITLE ☐ Delete TITLE SCHWARZ JR., RALPH L. NAME NAME 314 RIVER BLUFF DRIVE STREET ADDRESS STREET ADDRESS ORMOND BEACH FL CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE DITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information symplified 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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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ddress, with all other like empowered.

changed, or on an attachment wi

SIGNATURE