2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# H10925

1. Entity Name

SUN DATA/PHONE SYSTEMS, INC.



FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90829 005 ***150.00

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Principal Pla	ace of Business	Mailing Address			<u> </u>				
7925 SULLY		7925 SULLY DRIV	ľΕ			41001	U4X		
ORLANDO F	L 32818	ORLANDO FL 328	318						
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2. Principal	Place of Business	3. Mailing Addres			_				
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Suite, Ap	ot. #, etc.	Suite, Apt. #, etc	C.	<u> </u>			_		
City & Sta	ate					CHECK HERE	E IF MAKIN	G CHANG!	ES
ony a one	ate	City & State	•		4. FEI N	^{umber} 59-2428432			Applied For
Zip	Country	Zip	Count	te	-		<u>-</u>		Not Applicat
•		2.5	Couri	u y	5. Certifi	cate of Status Desired		\$8.75	
1	6. Name and Address of	Current Registered Agent			7. Name	and Address of New	Poniotored	Fee Requ	ired
0111111111				Name		and Address of New	negistered	Agent	
	IERBERT H.		ļ	Charles Andrews	(DO D				
	LLY DRIVE			Street Address	S (P.O. Box Nu	mber is Not Acceptabl	ie)		
ORLAND(O FL 32818		Ì	·			·		·
	·		}	0.4					
				City			FL	Zíp Co	ode
the obliga	e named entity submits this state tions of registered agent.	ement for the purpose of chang	ging its registered	d office or regist	ered agent, or	both, in the State of Fl	orida. Lam	familiar wit	h, and accer
•	and a set group of a gont,								,
SIGNATURE	Sizestina to a distribution of the control of the c								
ali i	Signature, typed or printed name of registe		(NOTE: Registered	Agent signature require	ed when reinstating)	, DATE		
F	ILE NOW!!! FEE IS \$150.	00							
	·	.00					-		
Afte	r May 1, 2003 Fee will be \$5	550.00	-		9.	Election Campaign Fire	nancing		00 May Be
After Make Check	r May 1, 2003 Fee will be \$5 k Payable to Florida Departi	550.00 ment of State	-		9.	Election Campaign Fir Trust Fund Contributio	nancing on. E		00 May Be ed to Fees
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of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR