2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H36388 Apr 12, 2000 8:00 am Secretary of State 1. Entity Name SUN ENGINEERED SYSTEMS, INC. 04-12-2000 90010 029 ***150.00 Principal Place of Business Mailing Address 7313 CONNECTIONT AVE 7313 CONNECTICUT AVE SARASQIA FL 34210-4530 SARASOTA FL 34248 2. Principal Place of Business 3. Mailing Address 279 SHERWOOD DR. 279 SHERWOOD DR. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEL Number 59-2492342 BRADENTON, FL. BRADENTON, FL. Not Applicable Zip ち4210 Country MAN ATE \$8.75 Additional 34210 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PARRY, CARTER H., JR. Street Address (P.O. Box Number is Not Acceptable) 410 CORTEZ ROAD WEST FIRST COMMERCIAL BANK BLDG, SUITE 404 **BRADENTON FL 33507** Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition TITLE ☐ Delete TITLE JACKSON PARIS E. JACKSON, PARIS E. NAME NAME 279 SHERWOOD DR. 7313 CONNECTICUT AVENUE STREET ADDRESS STREET ADDRESS BRADENTON FL. 54210 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL ST Delete Change Addition TITLE TITLE JACKSON SHIRLEY A. Jackson, Shirley A. NAME NAME 279 SHEWWOOD DE. 7313 CONNECTICUT AVENUE STREET ADDRESS STREET ADDRESS BRADENTON, FG. 84210 SARASOTA FL CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

4/7/00

941-739-8100

Daytime Phone #