

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90120 028 ***150.00

DOCUMENT # H75898

1. Entity Name
SUN CENTRAL DEVELOPMENT AND CONSTRUCTION, INC.

Principal Place of Business 8831 ELLIOTS CT 9018 SOUTHERN BREEZE DR ORLANDO FL 32836	Mailing Address 8831 ELLIOTS CT 9018 SOUTHERN BREEZE DRIVE ORLANDO FL 32836-5028 US
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2. Principal Place of Business 9018 SOUTHERN BREEZE DRIVE	3. Mailing Address 9018 SOUTHERN BREEZE DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State SAME	City & State SAME	4. FEI Number 59-2582136	Applied For <input type="checkbox"/>
Zip SAME	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LOWERY, DEION R. 8831 ELLIOTS CT 9018 SOUTHERN BREEZE DR ORLANDO FL 32836	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9018 SOUTHERN BREEZE DR ORLANDO, FL 32836 City ORLANDO, FL FL Zip Code 32836
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VD	<input type="checkbox"/> Delete	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LOWERY, DEION R.		STREET ADDRESS CITY-ST-ZIP	9018 SOUTHERN BREEZE DRIVE ORLANDO FL 32836
STREET ADDRESS CITY-ST-ZIP	8831 ELLIOTS CT ORLANDO FL 32836	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP	772 VINCA CT GILROY, CA 95020
NAME BAUDUIN, MICHAEL		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	RT. 1, BOX 10 772 VINCA CT MOUNT DORA FL	STREET ADDRESS CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 other like empowered.

SIGNATURE: SIGNATURE REQUIRED V.P. 3/2/00 407 973-6807
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)