## 2000 UNIFORM BUSINESS REPORT: (UBR) FILED Mar 06, 2000 8:00 am **DOCUMENT # H75898 Secretary of State** SUN CENTRAL DEVELOPMENT AND CONSTRUCTION, INC. 03-06-2000 90120 028 \*\*\*150.00 Mailing Address Principal Place of Business SO OTHEAM 9018 1201 ELLIOTS OF POIR SOUTHERN 8831-ELLIOTS CT BREEZE OR BREEZE OBLANDO FL 32836 ORLANDO FL 32836-5028 DRIVE 3. Mailing Address 2. Principal Place of Business 9018 SOUTHERN BREEZE PRIVE SOUTHERN BREFZE 90 IB Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2582136 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name \_ \_ LOWERY, DEION\_R. 9018 SOUTHERN BREEZE Street Address (P.O. Box Number is Not Acceptable \_\_8831-ELLIOTS CT-SOUTHERN BREEZE 9018 ORLANDO FL 32836 32836 Zip Code ORLANDO, FL 3a 83 4 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, 2000 Fee will be \$550.00 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 ☐ Defete TITLE TITLE LOWERY, DEION R. MAME 9018 SOUTHERN BREEZE DRIVE 8831-Ettl013 CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32836 Addition TITLE □ Delete BAUDUIN, MICHAEL NAME VINCA CT NAME 772 VINCA CT STREET ADDRESS RT.-1: BOX TO STREET ADDRESS MOUNT DORAFE GILROY CA 95020 GILROY, CA CITY-ST-ZIP CITY-ST-ZIE ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete 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

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

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SICULATIVE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

3/2/00

407 973-6807

☐ Change

☐ Addition

Daytime Phone