

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90150 041 ***150.00

DOCUMENT # H93279

1. Entity Name
SUNWEST P.E.O. OF FLORIDA, INC.

Principal Place of Business

2701 W. BUSCH BLVD.
 SUITE 207
 TAMPA FL 33618
 US

Mailing Address

2701 W. BUSCH BLVD.
 SUITE 207
 TAMPA FL 33618
 US

2. Principal Place of Business

221 HOBBS ST
 Suite, Apt. #, etc.
101

3. Mailing Address

221 Hobbs Street
 Suite, Apt. #, etc.
101

City & State

TAMPA FL

City & State

TAMPA FLORIDA

Zip

33619

Country

Zip

33619

Country

4. FEI Number

59-2630396

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MILLS, FREDERICK J., ESQ.
1200 W PLATT ST
SUITE 100
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PSD
LITTLE, JEROLD A.
2701 W BUSCH BLVD., SUITE 207
TAMPA FL 33618 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
V
SCOHER, JENNIFER
1924 WOODCUT DR
LUTZ FL 33549 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PRESIDENT
ERIC ARONS
221 HOBBS ST, SUITE 101
TAMPA, FL 33619 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VICE PRESIDENT
RAYBURN MARTIN
221 HOBBS ST, SUITE 101
TAMPA, FL 33619 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. Rayburn Martin

Date

Daytime Phone #

4/30/2001

CR2E034 (10/00)