2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

H99148

DOCUMENT # 1. Entity Name

SUNBELT SYSTEMS CONCEPTS, INC.									
Principal Place of Business 111 NORTH ORLANDO AVE WINTER PARK FL 32789 US		Mailing Address 111 NORTH ORLANDO AVE WINTER PARK FL 32789 US							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 59-2645801 Applied For Not Applicable				
Zip	Country	Zíp	Country		5. Certificate	of Status Desired		\$8.75 Add ee Require	
	6. Name and Address of Current F	tegistered Agent			7. Name and	Address of New Re	egistered A	gent	
)	•		Name						
TRIMBLE, T L 111 NORTH ORLANDO AVENUE			Street /	Street Address (P.O. Box Number is Not Acceptable)					
WINTER PARK FL 32789									
			City	·	FL Zip Code				
	named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office of	or registere	d agent, or both	i, in the State of Flor	rida. Lam fa	amiliar with,	and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
After Make Check			1	ction Campaign Fina st Fund Contribution			0 May Be to Fees		
10. OFFICERS AND DIRECTORS 1					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP BLAIR, MARDIAN J 111 NORTH ORLANDO AVENUE WINTER PARK FL	🔀 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	111	, TERRY	D LANDO AVENU		☐ Change	X Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JERNIGAN, DONALD J 601 E ROLLINS ST ORLANDO FL 32803	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			· <u>·</u>		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WERNER, THOMAS L 111 N ORLANDO AVE WINTER PARK FL 32789	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition
NAME STREET ADDRESS	as De Prada, Ariel 111 North Orlando Avenue Winter Park Fl 32789	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition
TITLE		☐ Delete	TITLE		_			☐ Change	☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

ZRE REQUINATIEL De Prada SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4/21/03

(407) 975-1413

☐ Change

☐ Addition

Daytime Phone #

FILED

05-01-2003 90372 009 ***150.00

May 01, 2003 8:00 am & Secretary of State