2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State
04-18-2002 90473 037 ***150.00

DOCUMENT # J59689

1. Entity Name
SUNTREE ISLES, CORP.

B0069164

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
140 RUBY ST. ROCKLEDGE FL 32955	140 RUBY ST. ROCKLEDGE FL 32955

2. Principal Place of Business	3. Mailing Address
140 Ruby St.	140 Ruby St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Rockledge, FL	City & State: Rockledge, FL
Zip: 32955 Country: Brevard	Zip: 32955 Country: Brevard

4. FEI Number 59-2781882 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WALLIS, MICHAEL M.M.
1221 EAST NEW HAVEN AVENUE
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name: Henry Happel
Street Address (P.O. Box Number is Not Acceptable): 140 Ruby St.
City: Rockledge, FL **FL** Zip Code: 32955

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: Henry Happel 4/1/02
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) X

FILE NOW!!! FEE IS $150.00
After May 1, 2002 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD HAPPEL, HENRY 140 RUBY ST. ROCKLEDGE FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HAPPEL, DOLORES J 140 RUBY ST. ROCKLEDGE FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: Henry Happel REQUIRED 4/1/02 321/632-5823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)