

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90057 042 \*\*\*150.00

**DOCUMENT # K44988**

1. Entity Name

**SUN-WEST ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

**5729 PUERTA DEL SOL BLVD  
 UNIT 482  
 ST. PETERSBURG FL 33715  
 US**

**5729 PUERTA DEL SOL BLVD  
 UNIT 482  
 ST. PETERSBURG FL 33715  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2912504**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NAPPER, ROGER L  
 5729 PUERTA DEL SOL BLVD  
 UNIT 482  
 ST. PETERSBURG FL 33715**

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, 2000 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 **PD**  
 NAME **NAPPER, ROGER L**  
 STREET ADDRESS **5729 PUERTA DEL SOL BLVD, UNIT 482**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33715**

☐ Delete

TITLE **STD**  
 NAME **NAPPER, BOBBI L**  
 STREET ADDRESS **5729 PUERTA DEL SOL BLVD, UNIT 482**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33715**

☐ Delete

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*Bobbi L. Napier* **BOBBI L. NAPPER**

Date

Daytime Phone #