

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0006113

DOCUMENT # L00000016238

1. Entity Name

SUNGATE ENTERPRISES, LLC



FILED

2003 APR 21 PM 4:33

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business

Mailing Address

~~3260 UNIVERSITY BLVD.~~
~~SUITE 210~~
~~WINTER PARK, FL 32792~~

~~3260 UNIVERSITY BLVD.~~
~~SUITE 210~~
~~WINTER PARK, FL 32792~~

2. Principal Place of Business

3300 University Blvd.

3. Mailing Address

3300 University Blvd.

Suite, Apt. #, etc.

Suite 218

Suite, Apt. #, etc.

Suite 218

City & State

Winter Park, FL

City & State

Winter Park, FL

Zip

32792 USA

Zip

32792 USA

4. FEI Number NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HADDOCK, EDWARD E JR.
~~3260 UNIVERSITY BLVD.~~
~~SUITE 210~~
~~WINTER PARK, FL 32792~~

Name

3300 University Blvd.

Suite 218

City

Winter Park

FL

32792

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/03

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2003

100016379081
04/21/03--01035--036 **\$5.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
HADDOCK, EDWARD E JR.
~~3260 UNIVERSITY BLVD., SUITE 210~~
~~WINTER PARK, FL 32792~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3300 University Blvd Suite 218
Winter Park, FL 32792

☒ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

4/10/03

407-679-6171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)