2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 162609 FILED SECRETARY OF STATE SUN-JET, INCORPORATED DIVISION OF CORPORATIONS OI MAY 14 AM 8: 27 Principal Place of Business Mailing Address 10460 ROOSEVELT BLVD 10460 ROOSEVELT BLVL SUITE 160 SUITE 160 ST PETERSBURG FL 33716 ST PETERSBURG FL 33716-3821 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For e name i j 59-3136837 Not Applicable Ζίρ Ζiρ Country. \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Bo S. Soderberg Soderberg, Bo S. Street Address (P.O. Box Number is Not Acceptable) 10460 Roosevelt Blvd. # 160 City St. Petersburg 8. The above named entire subplits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Bo S. Soderberg April 26, 2001 SIGNATURE\* Signature, typed or printed game of registered agent and title if applicable. (N )TE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOV/III FEE IS \$150:00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1,: 000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Pay ble to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **DPTS** Delete Change Addition NAME -SODERBERG BO. S. NAME STREET ADDRESS STREET ADDRESS A-Bove. CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 700004215.867--05/14/01--01132--011 NAME STREET ADDRESS STREET ADDRESS \*\*\*\*150.00 \*\*\*\*150.00 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify or 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 an other like empowere. April 26, 2001 (404)932-3903 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE: OR DIRECTOR

Daytime Phone i