

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90139 029 ***150.00

2020023 AV

DOCUMENT # M36581

1. Entity Name
SUN POINT DESIGN, INC.

Principal Place of Business

**6561 STIRLING ROAD
 DAVIE FL 33314**

Mailing Address

**6561 STIRLING ROAD
 DAVIE FL 33314**

2. Principal Place of Business

11516 SW 59th Ct.

3. Mailing Address

11516 SW 59th Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cooper City, FL.

City & State

Cooper City, FL.

Zip

33330

Country

USA

Zip

33330

Country

USA

4. FEI Number

59-2706767

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**MOORE, KATHLEEN
 6561 STIRLING ROAD
 DAVIE FL 33314**

7. Name and Address of New Registered Agent

Name **KEYVIN A. PATTERSON**

Street Address (P.O. Box Number is Not Acceptable)
11516 SW 59th Ct.

City **Cooper City** FL Zip Code **33330**

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 **Kevin A. Patterson**

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

(NOTE: Registered Agent signature required when reinstating)

Jan. 28, 2002

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, 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

TITLE **D** ☐ Delete
 NAME **MOORE, BRET**
 STREET ADDRESS **2301 YUCCA AVE.**
 CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **PD** ☐ Delete
 NAME **PATTERSON, KEVIN A.**
 STREET ADDRESS **11516 SW 59 CT**
 CITY-ST-ZIP **COOPER CITY FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **Kevin A. Patterson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 28, 2002

Date

Daytime Phone #

CR2E034 (9/01)