## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 16, 2001 8:00 am Secretary of State **DOCUMENT # M68352** SUNFLOR CORP., INC. 04-16-2001 90022 024 \*\*\*158.75 Principal Place of Business Mailing Address 14115-63RD WAY NORTH 14115-63RD WAY NORTH 529928 CLEARWATER FL 33760 CLEARWATER FL 33760 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 59-2877976 Not Applicable Zip Country Zip 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 Name Same, ADDRESS CHANGE ONLY SWOBODA, RUDOLF G. Street Address (P.O. Box Number is Not Acceptable) 8330 40TH AVE N 8338, 36th Ave N. SAINT PETERSBURG FL 33709 Zip Code 33710 St. Petersburg 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 Rudolf G. Swoboda DATE FNE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change - Addition TITI F ☐ Delete TITLE SCHOEPS, OLIVER F. NAME NAME 139 Marion Oaks Golf Way 144 MARION OAKS GOLF WAY STREET ADDRESS STREET ADDRESS Ocala, Fl. 34473 CITY-ST-ZIP CITY-ST-ZIP OCALA FL Change ☐ Addition TITLE ☐ Delete TITLE SWOBODA, RUDOLF G. NAME NAME STREET ADDRESS 8338, 36th Ave N. STREET ADDRESS 8000-40TH AVE N-CITY-ST-ZIP St. Petersburg, Fl.33710 CITY-ST-ZIP ST. PETERSBURG FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE SCHLEGEL, DANIELLA NAME NAME STREET ADDRESS STREET ADDRESS 30 MOERIKE STR. CITY-ST-ZIP CITY-ST-ZIP 71134 DACHTEL GE ☐ Change ☐ Addition TITLE ☐ Detete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITL F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empowed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if or on an attachment with an address With all other like empowered.

R.G.Swoboda, President

MED NAME OF SIGNING OFFICER OR DIRECTOR

GNATURE AND TYPED OF

04/04/01

727-381-6348

Daytime Phone #