FILED

Jan 14, 2003 8:00 am Secretary of State 01-14-2003 90049 016 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P0000001422 **DOCUMENT #**

1. Entity Name

SUNBRIDGE STRATEGIES, INC.



Principal Place of Business 8238 WESTMINISTER ABBEY BLVD ORLANDO FL 32835

Mailing Address

8238 WESTMINISTER ABBEY BLVD ORLANDO FL 32835

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2. Principa	Il Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & St	ate	City & State		4. FEI Numb	_		Applied For	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	\$8.	Not Applicab 75 Additional	
	6. Name and Address of Current F	Registered Agent	 -			Fee	Required	
			Name	7. Name and	Address of New Re	gistered Agen	ıt	
FARNSWORTH, SCOTT M								
j.	ESTMINISTER ABBEY BLVD 10 FL 32835		Street	Address (P.O. Box Numbe	er is Not Acceptable)			
ONDAND	O 1 L 32033							
8. The abov	re named entity submits this statement for	the grown of the	City			FL Z	Zip Code	
the obliga	re named entity submits this statement for ations of registered agent.	the purpose of changing its	s registered office of	or registered agent, or bot	h, in the State of Floric	a. I am familia	ar with, and accept	
	- Aritt My	answorth	-	1/11/10			, , , ,	
SIGNATURE				- כטןיי וי				
	Signature, typed or printed name of registered agent an	d title if applicable. (NOT	E: Registered Agent signa	ture required when reinstating)		DATE		
F	FILE NOW!!! FEE IS \$150.00							
Afte	r May 1, 2003 Fee will be \$550.00	.[9. Ele	ction Campaign Finan	cing	\$5.00 May Be	
Make Chec	k Payable to Florida Department of S	State		Trus	st Fund Contribution.		Added to Fees	
10.	OFFICERS AND D	RECTORS	11.	ADDITIONS	21141050 70 077			
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NAME	FARNSWORTH, SCOTT M		NAME			□ C	hange 🔲 Addition	
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12. 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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR