

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91520 048 ***150.00

DOCUMENT # **P00000003045** ✓
1. Entity Name
SUNDENT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2925 S. INDIAN RIVER DR
Suite, Apt. #, etc.

3. Mailing Address
2925 S. INDIAN RIVER DR
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FORT PIERCE, FLORIDA
Zip
34982
Country
USA

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Zip
34982
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4. FEI Number
65-0972489
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
GAIL H. NAIMO
Street Address (P.O. Box Number is Not Acceptable)
2925 S. INDIAN RIVER DRIVE
City
FORT PIERCE FL Zip Code
34982

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D PRES. VP, Sec/Treas.
GAIL H. NAIMO
2925 S. INDIAN RIVER DR.
FORT PIERCE, FL. 34982**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D Julie Cleland.
1756 41st Ave
Vero Beach, FL. 34960**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02 **772-489-5994**
Date Daytime Phone #

CR2E034B (12/01)