


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91452 017 \*\*\*150.00

**DOCUMENT # P00000014499**

1. Entity Name  
**SUNFLOWER INK, INC.**



Principal Place of Business  
**7345 ALOE DRIVE  
SPRING HILL FL 34607**

Mailing Address  
**7345 ALOE DRIVE  
SPRING HILL FL 34607**



2. Principal Place of Business  
**1004 S. High**

3. Mailing Address  
**1004 S. High**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Port Byron, IL**

City & State  
**Port Byron, IL**

Zip  
**61275**

Country  
**USA**

Zip  
**61275**

Country  
**USA**

4. FEI Number **59-3624173**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BROWN, TINA M  
7345 ALOE DRIVE  
SPRING HILL FL 34607**

7. Name and Address of New Registered Agent

Name **Brown, Tina M**

Street Address (P.O. Box Number is Not Acceptable)  
**704 Ponce De Leon**

City **Brooksville** FL Zip Code **34601**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Tina Brown* DATE 4-30-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BROWN, TINA M</b>
STREET ADDRESS	<b>7345 ALOE DRIVE</b>
CITY-ST-ZIP	<b>SPRING HILL FL 34607</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BROWN, DENNIS J</b>
STREET ADDRESS	<b>7345 ALOE DRIVE</b>
CITY-ST-ZIP	<b>SPRING HILL FL 34607</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Brown, Tina M</b>
STREET ADDRESS	<b>1004 S. High</b>
CITY-ST-ZIP	<b>Port Byron, IL 61275</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Brown, Dennis J</b>
STREET ADDRESS	<b>1004 S. High</b>
CITY-ST-ZIP	<b>Port Byron, IL 61275</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Tina Brown* DATE 4-30-03 DAYTIME PHONE # 352-688-1124

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)