

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90064 003 ***150.00

DOCUMENT # P00000039794

1. Entity Name
 SUN CONDOS INC

Principal Place of Business **Mailing Address**

4341 OAK VIEW DRIVE 4341 OAK VIEW DRIVE
 SARASOTA, FL 34232 SARASOTA, FL 34232

2. Principal Place of Business **3. Mailing Address**

1858 RINGLING BLVD 1858 RINGLING BLVD

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**

SARASOTA, FL SARASOTA, FL

Zip **Country** **Zip** **Country**

34236 USA 34236 USA

4. FEI Number **Applied For**

65-1084085 ☐ Not Applicable

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

☐ ☐

6. Name and Address of Current Registered Agent

FRANZ PEUKER
 4341 OAK VIEW DRIVE
 SARASOTA, FL 34232

7. Name and Address of New Registered Agent

Name **Street Address (P.O. Box Number is Not Acceptable)**

SAME 1858 RINGLING BLVD

City **State** **Zip**

SARASOTA FL 34236

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P, D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FRANZ PEUKER		NAME		
STREET ADDRESS	1858 RINGLING BLVD		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ 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)(a) 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 as changed, or on an attachment with an address, with all other the empowered.

SIGNATURE: X *Peuker* X 04-12-2001