FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91411 049 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 00000072134

1. Entity Name

SUNSTONE CONSTRUCTION, INC

DO NOT WRITE IN THIS SPACE

20041251

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7921 LAKE NELLIE ROAD	7921 LAKE NELLIE ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CLERMONT, FL	City & State: CLERMONT, FL
Zip: 34711-8333 Country: USA	Zip: 34711-8333 Country: USA

4. FEI Number: 59-3660955 ☐ 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: HARPER, PHIL

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

7921 LAKE NELLIE ROAD

City: CLERMONT **FL** Zip Code: 34711-8333

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: _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (Required Registered Agent signature required when mandated)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Harper, Phillip 7921 Lake Nellie Rd, Clermont, Fl 34711-8333	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Harper, Lorna 7921 Lake Nellie Rd, Clermont, Fl 34711-8333	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
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CR2E034B (12/02)

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

SIGNATURE: Lorna J Harper LORNA J HARPER 4/30/03 407-345-3465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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