

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000081687

1. Entity Name
SUNDIAL DESIGN, INC.

Principal Place of Business
11000 PROSPERITY FARMS RD.
SUITE 300
PALM BEACH GARDENS FL 33410

Mailing Address
11000 PROSPERITY FARMS RD.
SUITE 300
PALM BEACH GARDENS FL 33410

2. Principal Place of Business
4521 PGA Blvd.
Suite, Apt. #, etc.
#107

3. Mailing Address
same
Suite, Apt. #, etc.

City & State
Palm Beach Gardens, FL

City & State

Zip
33418

Country
USA

Zip

Country

4. FEI Number
65-1040670

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PUMPHREY, GERALD R ESQ.
11000 PROSPERITY FARMS RD.
SUITE 300
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name
TOMAS FASULO

Street Address (P.O. Box Number is Not Acceptable)
545 Rookery Place

City
JUPITOR FL

Zip Code
33458

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]* **TOMAS FASULO** **02/02/01**
Signature, typed or printed name of registered agent and location applicable. (NOTE: Registered Agent signature required when re-registering)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PUMPHREY, GERALD R			NAME			
STREET ADDRESS	11000 PROSPERITY FARMS RD. SUITE 300			STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410			CITY-ST-ZIP			
TITLE	D/P/S/T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Thomas A. Fasulo			NAME			
STREET ADDRESS	4521 PGA Blvd. - #107			STREET ADDRESS			
CITY-ST-ZIP	Palm Beach Gardens, FL 33418			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 807, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **TOMAS FASULO** **02/05/01** **561 6250142**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

FILED
Mar 09, 2001 8:00 am
Secretary of State

02-08-2001 90178 047 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)