

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90213 047 ***150.00

DOCUMENT # P00000081687

1. Entity Name
SUNDIAL DESIGN, INC.

Principal Place of Business

**4521 PGA BLVD
 SUITE 107
 PALM BEACH GARDENS FL 33418**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

**4521 PGA BLVD
 SUITE, Apt. #, etc.
 107**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PALM BEACH GARDENS FL

Zip

Country

Zip

Country

33418

USA

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

7. Name and Address of New Registered Agent

~~XXXXXXXXXX~~ **FASULO, THOMAS**
545 ROOKSTY PLACE
JUPITER FL 33458

Name

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

4521 PGA Blvd. - #107

City

Palm Beach Gardens,

FL

Zip Code
33418

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, 2002 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 **DPST**
 NAME ~~FASULO, THOMAS A.~~ ☐ Delete
 STREET ADDRESS **4521 PGA BLVD., STE 107**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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 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 607, 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/28/02
 Date

561-625-0142
 Daytime Phone #

CR2E034 (9/01)