## 2001 UNIFORM BUSINESS REPORT (UBR) May 02, 2001 8:00 am DOCUMENT # P00000085701 Secretary of State 1. Entity Name SUNVEST COMMERCIAL PROPERTIES, INC. 05-02-2001 90150 040 \*\*\*150.00 Principal Place of Business Mailing Address 9115 BAYSIDE COURT 9115 BAYSIDE COURT 00040002 ORLANDO FL 32819 ORLANDO FL 32819 2. Principal Place of Business 3. Mailing Address 120 International 120 International Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3677952 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SUNDSTROM, DAVID J Street Address (P.O. Box Number is NonAcceptable) 9115 BAYSIDE COURT ORLANDO FL 32819 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is digible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) ☐ Change ☐ Delete TITLE TITLE David J. Sundstrom NAME 120 International Phwy, suite 220 STREET ADDRESS STREET ADDRESS Heathrow Florida 32746 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME. NAME STREET ADDRESS STREET ADDRESS

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 nment with an address, with all other like empowered. changed, or on an attack

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TITLE

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