

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

0071442

DOCUMENT # P0000085701

1. Entity Name

SUNVEST COMMERCIAL PROPERTIES, INC.

05-02-2001 90150 040 ***150.00

Principal Place of Business 9115 BAYSIDE COURT ORLANDO FL 32819	Mailing Address 9115 BAYSIDE COURT ORLANDO FL 32819
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00040002



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 120 International Pkwy. Suite, Apt. #, etc. Suite 220 City & State Heathrow, Florida Zip 32746 Country USA	3. Mailing Address 120 International Pkwy. Suite, Apt. #, etc. Suite 220 City & State Heathrow, Florida Zip 32746 Country USA
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4. FEI Number 59-3677952	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SUNDSTROM, DAVID J
9115 BAYSIDE COURT
ORLANDO FL 32819**

7. Name and Address of New Registered Agent

Name **David J. Sundstrom**
 Street Address (P.O. Box Number is Not Acceptable)
**120 International Pkwy.
Suite 220
City Heathrow FL Zip Code 32746**

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 **David J. Sundstrom** DATE **4-26-01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P/S/D David J. Sundstrom
STREET ADDRESS	120 International Pkwy, Suite 220
CITY-ST-ZIP	Heathrow, Florida 32746
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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)(f), 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: **David J. Sundstrom** DATE **4-26-01** DAYTIME PHONE # **407-829-7373**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)