2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P00000090936

1. Entity Name J.P.SUNGAIL, INC.



Principal Place of Business

Mailing Address 2526 SR580 EAST #301

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
2:	

Apr 14, 2003 8:00 am Secretary of State **FILED**

04-14-2003 90739 017 ***150.00

Suite, Apt. #, etc. City & State Sundail, JOHN P SunGall, JOHN P SunGall, JOHN P Street Address (P.O. Box Number is Not Acceptable) City Street Address (P.O. Box Number is Not Acceptable) City FL Zit Address (P.O. Box Number is Not Acceptable) City FL Zit City F	ER FL 33761		
City & State SunGall, JOHN P SunGall, JOHN P Street Address of New Registered Agent City FL Zity City FL Zity City FL Zity Zity FL	Place of Business	ABBIHBBU HIL BBIH BBIH DBIH BBIH BBIH BBIH BBIH BBIH	
Zip Country Zip Solutions of Status Desired \$8.7 \$6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SUNGAIL, JOHN P Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zity Z	t. #, etc.	CHECK HERE IF MAKING CHANGES	
S. Cerrincate of Status Desired Foo R. 6. Name and Address of Current Registered Agent Name SUNGAIL, JOHN P 2526 SR580 EAST #301 City FL Zit City FL Zit 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 the obligations of registered agent. SIGNATURE Signature, typed or period name of registered agent and title if applicable FILE NOW!! FE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. SIREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-S1-ZP TITLE NAME STREET ADDRESS CITY-S1-ZP TITLE Delete TITLE NAME STREET ADDRESS CITY-S1-ZP TITLE NAME STREET ADDRESS CITY-S1-ZP TITLE NAME STREET ADDRESS CITY-S1-ZP TITLE NAME STREET ADDRESS CITY-S1-ZP TITLE NAME STREET ADDRESS CITY-S1-ZP TITLE Delete TITLE NAME STREET ADDRESS CITY-S1-ZP TITLE STREET ADD	ate	Applied For Not Applicable]
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B. 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 the obligations of registered agent and stie it applicable. SIGNATURE Signature, typed or printed name of registered agent and stie it applicable. (NOTE, Registered Agent signature required when reinstating) DATE			1
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 11/07(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 flade under oath; that 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: