

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 17, 2001 8:00 am
Secretary of State

0004298 AV

08-17-2001 90002 013 ***558.75

DOCUMENT # P00000116917

1. Entity Name
SUN POWER ENTERPRISES, INC.

Principal Place of Business
**10361 WALDEN GLEN CT.
 JACKSONVILLE FL 32256**

Mailing Address
**10361 WALDEN GLEN CT.
 JACKSONVILLE FL 32256**

0000116917



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4720 SALISBURY ROAD

3. Mailing Address
4720 SALISBURY ROAD

Suite, Apt. #, etc.
SUITE 6

Suite, Apt. #, etc.
SUITE 6

City & State
JACKSONVILLE FL

City & State
JACKSONVILLE, FL

4. FEI Number
59-3690236

Applied For
 Not Applicable

Zip
32256

Country
USA

Zip
32256

Country
USA

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

**STEVE, JAMES
 10361 WALDEN GLEN CT.
 JACKSONVILLE FL 32256**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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) 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D STEVE, JAMES 10361 WALDEN GLEN CT. JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 OF REGISTERED AGENT **STEVE, JAMES** 08-13-2001 (904)493-6029
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)