2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

BOYNTON BEACH FL 33436

1717 BANYAN CREEK COURT

P01000003516

Mailing Address

1717 BANYAN CREEK COURT

BOYNTON BEACH FL 33436

1. Entity Name

STEVEN D. ROWE, P.A. ATTORNEY AT LAW

FILED Jan 29, 2003 8:00 am Secretary of State

01-29-2003 90162 042 ***150.00

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Deer Held Beach Deer field Beach Deer field Beach Country 33 441 Broward 5. Certificate of Status Desired \$8.7 Held Broward 33 441 Broward 5. Certificate of Status Desired \$8.7 Fee R 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROWE, STEVEN D C/O SUNEX INTERNATIONAL, INC. 1801 GREEN ROAD, SUITE D POMPANO BEACH FL 33064 6. 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 familia the coligations of registered agent. SIGNATURE Signature, system of printed rame of registered agent. FILE NOW!! FEE 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 12. STEET ADDRESS 13. STEET ADDRESS 14. STEET ADDRESS 15. STEET ADDRESS 15. STEET ADDRESS 16. STEET ADDRESS 17. STEEP 18. STEET ADDRESS 17. STEEP 18. STEEP ADDRESS 18. STEEP ADDR						.]		1. 6 6 6	e i i i i i i i i i i i i i i i i i i i		
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City & State Deer field Beach Stope 1.6. Name and Address of Current Registered Agent 1.6. Name and Address of Status Desired Brown and Address of New Registered Agent ROWE, STEVEN D C/O SUNEX INTERNATIONAL, INC. 1801 GREEN ROAD, SUITE D POMPANO BEACH FL 33084 City FL SIGNATURE Deer field Beach Street Address (P.O. Box Number is Not Acceptable) City FL Z B. The above named only submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familia the coligations of registered agent. SIGNATURE Signature, spend of printed name of registered agent. City FL Signature, spend of printed name of registered agent and least 4 applicable. ONTE Registered Agent signature recuired when recentancy) Deter FILE NOW!! FEE IS \$150.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ITILE NAME SIREET ADDRESS CITY-S1-ZIP TITLE NAME SIREET ADDR						4	_				
Security Street Address of Current Registered Agent Street Address of New Registered Agent Name N						☐ CHECK HERE IF MAKING CHANGES					
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## City ## FL Zi ## Signature To above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familial the obligations of registered agent. ### Signature To Provide The Purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familial the obligations of registered agent. ### Signature To Provide The Purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familial the obligations of registered agent. #### Signature To Provide The Purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familial the obligations of registered agent. #### Signature To Provide The Purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familial the both in the State of Florida. I am familial the both in the State of Florida. I am familial the both in the State of Florida. I am familial the both in the State of Florida. I am familial the both in the State of Florida. I am familial the both in the State of Florida. I am familial the both in the State of Florida. I am familial the both in the State of Florida. I am familial the both in the State of Florida. I am familial the both in the State of Florida. I am familial the both in the State of Florida. I am familial the both in the State of Florida. I am familial the both in the State of Florida. I am familial the both in the State of Florida. I am familial the both in the State of Florida Plance. #### Signature To Purpose of Private department of State of Florida Plance. #### Signature To Purpose of Private department agent signature required when remataing) #### Purpose of Private Agent signature required when remataing. #### Purpose of Private Agent signature required when remataing. #### Purpose of Private Agent signature required when remataing. #### Purpose of Private Agent signature required when remataing. #### Purpos	O SUNEX INTERI										
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SOUTED GEOURED

01/24/03

<u>(561) 945-8408</u>

Daytime Phone #

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