DOCL	lame	0005135		R)	FILED Jun 04, 2002 8:00 an Secretary of State 05-19-2002 90062 020 ***150.00
SUNSTA	ATE INSURANCE AGENCY, IN	NC.	-		
Principal Place of Business 420 W BRANDON BLVD STE 201 BRANDON FL 33511		Mailing Address 420 W BRANDON BLVD STE 201 BRANDON FL 33511			91285
2. Principal	al Place of Business	3. Mailing Address		—	
Suite, Apt)t. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
City & Sta		City & State			4. FE Number 3696897 Applied For 59-3696897 Not Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired Status Desired Status Desired Fee Required
	6. Name and Address of Current R	egistered Agent	Name	277	7. Name and Address of New Registered Agent
420 W BF BRANDON	Epitematic SRANDON BLVD-STE-CO1 DN FL 60641		Streetly	21.3 7.1.7	Wind C. Seles: Soci D. Epx Mymber if a generable) C.R.
GIGNATURE	signature fibed or printed and no registered agent and portation is eligible to satisfy its Intangible	nd tile if applicable. (NOT	ts registered office or r DTE: Registered Agent signature /111 FEE IS \$150.01	në rëquired whe	5/31/02 . hen reinstaling)
Tax filing r (See criter) requirement and elects to do so. eria on back)	After May 1, 20 Make Check Payat	002 Fee will be \$55 able to Department	50.00 of State	
11. INTLE IAME ITREET ADORESS INTY-ST-ZIP	OFFICERS AND DI D SWPERT A ARRY & 400 W BRANDON-BLVD-GTE 201- BRANDON-FL-92511		12. TITLE NAME STREET ADDRESS CITY+ST-ZIP	Stella	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 phonic J. Bayber Providence Addition 8 (ersont Jr. #303 1 335// Change Addition 5
ITLE IAME TREET ADDRESS ITY-ST-ZIP		C Celste	TIJLE NAME STREET ADDRESS CITY-ST-ZIP	_ }*	Change Addition
ITLE AME TREET ADDRESS		Delete	TITLE NAME STREET ADDRESS		Change Addition
ITY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP		C Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TLE WAE REET AODRESS TY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP		Change Addition
ile Ime Reet address IY - St - Zip		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
 I hereby ce indicated or of the coror 	poration of the receiver or trustee empower or on an attachment with an address, with	and to execute this report a all other like empowered.	the exemption stated by signature shall have as required by Chapte	in Section the same or 607, Flor	n 119.07(3)(i), Florida Statutes. I further certify that the information e legal effect as if made under oath; that I am an officer or director prida Statutes; and that my name appears in Block 11 or Block 12 If BJ3- 6 B99999 Date Devime Phone #