FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2002 8:00 am Secretary of State **DOCUMENT #** P01000045973 1. Entity Name 04-30-2002 90106 031 ***150.00 SUNWEST P.E.O. OF FLORIDA III, INC. Principal Place of Business Mailing Address 221-HOBBS: STREET: STE 101 221 HOBBS STREET STE 101 **TAMPA FL 33619 TAMPA FL 33619** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Frederick J 1200 WLPDAT STREET STE 100 TAMPA FL 33666 City 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be -Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE ☐ Change X Addition CR2E034 (9/01 NAME MILLS, FREDERICK J Arfons, D. Eric 221 Hobbs Street Snik 101 NAME STREET ADDRESS 221 HOBBS STREET STE 101 STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33619** CITY-ST-ZIP Tampa, FL 33619 TITLE ☐ Delete TITLE ď2 TV Addition ☐ Change MARTIN, H. RAYBURN NAME NAMĘ 1221 Hobbs Street, Suite 101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Tampa FL. 33619 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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

SIGNATURE:

changed, or on an attachment with an addres

SIGNATURE AND TYPED OR PRINTED NAME OF