## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 09, 2002 8:00 am Secretary of State

DOCUMENT # P 01000048945				•	04-09-2002 90732 033 ***150.00		
M.I.P.	Florida Sun, Inc		J				
Principal Plac	e of Business	Mailing Address		1			
-709 Ca	pe Coral Pkwy W	1105 Cape C	oral Dk	W-F4C			
	oral, FL-33914	Cape Coral,					
		_					
Principal Place of Business     3. Mailing Address				B006151	1		
2309 El Dorado Pkwy 2309 El Dorad Suite, Apt. *, etc.			do Pkwy	Pkwy DO NOT WRITE IN THIS SPACE			
City & State City & State				4. FEI Number	€ Ap	oplied For	
Cape Coral, FL		Cape Coral, FL		Applied For		of Applicable	
<sub>Zip</sub> 33914	Country	Zip	Country	5. Certificate of Status Desired	58.75 Add		
22214	6. Name and Address of Current	33914 Registered Agent	USA	7. Name and Address of New Regist			
Wariabt	Christian British		Name				
Wright, Christine F 1105 Cape Coral Pkwy # C				Michael Ruester Street Address (P.O. Box Number is Not Acceptable)			
Cape Coral Frwy W-C-				2309 El Dorado Pkwy			
	142, 12 33,01		1	-			
			City	Cape Coral	FL Zip Code		
8. The above	named entity submits this statement/lo	r the purpose of changing its r		r registered agent, or both, in the State of Florida.		4	
	loul 1 10th		3	4			
SIGNATURE	Churan ton	)					
<u> </u>	Signature, typed or printed name of registered agent	and trite if applicable. (NOTE:	Registered Agent signa	iture required when reinstating)	DATE		
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOWII  After MAY 1, 200  Make Check Payabl	Pree will be \$	550.00 Truet Fund Contribution		O May Be I to Fees	
11.	OFFICERS AND	Later State	12.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS	S IN 11	
TITLE		☐ Delete	TITLE	D	Change	Addition	
NAME	Dugghmann Misha		NAME	Puschmann, Michael			
STREET ADDRESS	Puschmann, Michae Fruehlingstr. 16	:1	STREET ADDRESS	2402 SW 49th Terrace			
CITY-ST-ZIP	63303 Dreiech, Ge	PMS MT	CITY+ST-ZIP	Cape Coral, FL 33914			
TITLE	ossos brefech, Ge	Delete	TITLE	D	Change	Additio:	
NAME STREET ADDRESS			NAME STREET ADDRESS	Ruester, Dagmar			
CITY-ST-ZIP			CITY-ST-ZIP	2309 El Dorado Pkwy.			
TITLE	77.00	Delete_	TITLE	Cape Coral, FL 33914	☐ Change	[] Additio:	
NAME	<del></del>		NAME	The second secon	. — , , , ,		
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP	ļ			
TITLE NAME		☐ Delete	TITLE	1	☐ Change	Addition	
STREET ADDRESS			NAME STREET ADDRESS	1			
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Defete	TITLE		☐ Change	Adde/	
HAME			NAME				
STREET ADDRESS			STREET ADDRESS	-			
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>		☐ Addition	
PAUL HILE		Delete	TITLE NAME		☐ Change	☐ AGC®P*	
NAME STREET ADDRESS			STREET ADDRESS	1			
CITY-SI-ZIP			CITY-ST-ZIP	-	·		
13   hereby	certify that the information supplied with	this filing does not qualify for	the evernation sta	ated in Section 119.07(3)(i), Florida Statutes, I furth	er certily that the in	nformation	

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 1.19.07(3)(), Florida Statutes. I turklet certify that the information supplied entitle 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 of 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

MICHAEL PUSCHITHIVIU

3/22/02

744-944-7 Dayrone Phone \*