

2002 UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # P 01000048945
 1. Entity Name

04-09-2002 90732 033 ***150.00

M.I.P. Florida Sun, Inc.

Principal Place of Business 709 Cape Coral Pkwy W Cape Coral, FL 33914	Mailing Address 1105 Cape Coral Pkwy E#C Cape Coral, FL 33904
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2. Principal Place of Business 2309 El Dorado Pkwy Suite, Apt. #, etc.	3. Mailing Address 2309 El Dorado Pkwy Suite, Apt. #, etc.
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80061511
 DO NOT WRITE IN THIS SPACE

City & State Cape Coral, FL	City & State Cape Coral, FL	4. FEI Number Applied For	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33914	Country USA	Zip 33914	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~Wright, Christine F
1105 Cape Coral Pkwy # e
Cape Coral, FL 33904~~

Name
Michael Ruester
 Street Address (P.O. Box Number is Not Acceptable)
2309 El Dorado Pkwy
 City
Cape Coral FL Zip Code
33914

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

Michael Ruester
 Signature, typed or printed name of registered agent and title if applicable.

(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 \$150.00
After MAY 1, 2002 Fee will be \$550.00
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 Puschmann, Michael Fruehlingstr. 16 63303 Dreieich, Germany <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Puschmann, Michael 2402 SW 49th Terrace Cape Coral, FL 33914 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ruester, Dagmar 2309 El Dorado Pkwy. Cape Coral, FL 33914 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Michael Puschmann* MICHAEL PUSCHMANN 3/22/02 944-549-944
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #