

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90459 006 ***150.00

DOCUMENT # P01000048945

1. Entity Name
M.I.P. FLORIDA SUN, INC.



Principal Place of Business
**2309 EL DORADO PKWY
CAPE CORAL FL 33914**

Mailing Address
**2309 EL DORADO PKWY
CAPE CORAL FL 33914**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **APPLIED FOR**
01-0636990

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUESTER, MICHAEL
2309 EL DORADO PKWY
CAPE CORAL FL 33904**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Michael Ruester*, **Michael Ruester**

3/12/2003
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	PUSCHMANN, MICHAEL
STREET ADDRESS	2402 SW 49TH TERRACE
CITY-ST-ZIP	CAPE CORAL FL 33914
TITLE	D <input type="checkbox"/> Delete
NAME	RUESTER, DAGMAR
STREET ADDRESS	2309 EL DORADO PKWY
CITY-ST-ZIP	CAPE CORAL FL 33914
TITLE	<i>Sec. + Treasurer</i> <input type="checkbox"/> Delete
NAME	<i>Dagmar Ruester</i>
STREET ADDRESS	<i>2309 EL Dorado Pkwy</i>
CITY-ST-ZIP	<i>Cape Coral, FL 33914</i>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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: *Dagmar Ruester*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-03
Date

(239) 945-2038
Daytime Phone #

CR2E034 (10/02)