

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90065 010 \*\*\*150.00

0314624  
 AV

**DOCUMENT # P01000050058**

1. Entity Name  
**SUNETIX CORPORATION, INC.**

Principal Place of Business  
**2700 WEST CYPRESS CREEK ROAD, SUITE A105  
 FORT LAUDERDALE FL 33309**

Mailing Address  
**2700 WEST CYPRESS CREEK ROAD, SUITE A105  
 FORT LAUDERDALE FL 33309**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2700 West Cypress Creek Rd**

3. Mailing Address  
**2700 W. Cypress Creek Rd**

Suite, Apt. #, etc.  
**Suite A105**

Suite, Apt. #, etc.  
**Suite A105**

City & State  
**Fort Lauderdale FL**

City & State  
**Fort Lauderdale FL 33309**

Zip  
**33309**

Country  
**Broward**

Zip  
**33309**

Country  
**Broward**

4. FEI Number  
**65-1104946**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**SHERRON, HUGH K  
 2700 WEST CYPRESS CREEK ROAD, SUITE C-101  
 FORT LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent  
 Name: **Dale Fletcher**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2700 W. Cypress Creek Rd**  
**Suite A105**  
 City **Fort Lauderdale** **FL** Zip Code **33309**

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 **DALE FLETCHER** **2/8/02**  
 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	<b>D</b> <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SHERRON, HUGH K</b>		NAME		
STREET ADDRESS	<b>2700 WEST CYPRESS CREEK ROAD, SUITE C-101</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33309</b>		CITY-ST-ZIP		
TITLE	<b>D</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SUN, SENG</b>		NAME		
STREET ADDRESS	<b>2700 WEST CYPRESS CREEK ROAD, SUITE C-101</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33309</b>		CITY-ST-ZIP		
TITLE	<b>D</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FLETCHER, DALE</b>		NAME		
STREET ADDRESS	<b>2700 WEST CYPRESS CREEK ROAD, SUITE C-101</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33309</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **DALE FLETCHER** **2/8/02**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)