FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State
04-10-2002 90449 010 ***150.00

DOCUMENT # P01000054834

1. Entity Name
Sun Integration

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2. Principal Place of Business	3. Mailing Address
3900 Oldfield Crossing Dr. Suite, Apt. #, etc. 1201	P.O. Box 600220 Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32223 Country: U.S.A.	Zip: 32260-0220 Country: U.S.A.

4. FEI Number 59-3722381 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ANDRE PAQUETTE
Street Address (P.O. Box Number is Not Acceptable): 3900 OLDFIELD CROSSING DR #1201
City: JACKSONVILLE FL Zip Code: 32223

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 _____ 03APR02
Signature, type or print 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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	President
NAME	Andre Michael Paquette
STREET ADDRESS	3900 Oldfield Crossing Dr. #1201
CITY-ST-ZIP	Jacksonville, FL 32223
TITLE	Vice President
NAME	Melissa Paquette
STREET ADDRESS	3900 Oldfield Crossing Dr. #1201
CITY-ST-ZIP	Jacksonville, FL 32223
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CR2E034B (12/01)

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 on an attachment with an address, with all blanks duly empowered.

SIGNATURE: _____ 03APR02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #