

FILED
Jul 30, 2002 8:00 am
Secretary of State

07-02-2002 90806 036 ***150.00

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *Florida Sun Investment*
1. Entity Name

P.O. 0000 73016 inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
17701 Biscayne Blvd

3. Mailing Address
1161 NE 166 ST.

40077

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.
2nd floor

Suite, Apt. #, etc.
N.M.B.

City & State
Wentzville

City & State
Florida

4. FEI Number
65-1125091

Applied For
Not Applicable

Zip
33162

Country
Dade

Zip
33162

Country

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 *DeAnn Patterson*
Street Address (P.O. Box Number is Not Acceptable)
1161 NE 166 ST
N.M.B.
City
FL Zip Code
33162

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 *[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DeAnn Patterson</i> <i>1161 NE 166 ST.</i> <i>N.M.B. FL 33162</i>
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**DO NOT WRITE
IN THIS SPACE**

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowers.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/25/02 *786-457-7963*

Day Daytime Phone #

CR2E037B (12/01)

Attachment

40077

P 100073016

FL Sun
IN

FIN

65-1125091

EW

65-1125091

Jef Ann Patterson