2003 FOR PROFIT CORPORATION

_ UN	IFORM	M BUSIN	ESS	REPOR	T (I	JBR)		1101 21, 2005 G.	4-4	4111	
DOCUMENT # P01000078137 1. Entity Name SUN BUSINESS SYSTEMS, INC.								Secretary of State 04-21-2003 90310 036 ***150.00			
Principal Place of Business 10900 477H STREET NORTH CLEARWATER FL 34622				Mailing Address 10900 47TH STREET NORTH CLEARWATER FL 34622							
2. Principal F	Place of Busines	3. Ma	3. Mailing Address				-				
Suite, Apt.	. #, etc.	Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & Stat	te	City	City & State			4.	4. FEI Number 59-3742093 Applied For Not Applicable				
Zip	Zip Country		Zip	Zip		Country		5. Certificate of Status Desired			
	6. Name a	nd Address of Curre	nt Register	ed Agent		7. Name and Address of New Registered Agent					
MARQUARDT, J. MATTHEW ESQ 625 COURT STREET SUITE 200						Name Street Address (P.O. Box Number is Not Acceptable)					
					ļ— 						
CLEARWATER FL 33756											
						City	FL Zip Code				
			t for the purp	oose of changing its	register	ed office or regi	istered ag	gent, or both, in the State of Florida. I am familia	r with, a	ind accept	
ILE PONIDE	tions of register	ed agent.						H10. 1 -5			
SIGNATURE .	$\stackrel{\smile}{\sim}$	elfor						11603			
<u> </u>		printed name of registered ag	ent and title if app	plicable. (NO1E:	: Registere	d Agent signature red	quired when i	reinstating) • DATE			
FILE NOW!!! FEE IŠ \$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 Added	May Be to Fees	
10.		OFFICERS AN	ND DIRECTO)RS	11.	11.		DDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS	IN 11	
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NAME STREET ADDRESS		STREET NORTH			•	ET ADDRESS				ì	
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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 incicated 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:

SIGNATURE AND TYPED OF PRINTED NAME OF STIGNING OFFICER OR DIRECTOR

19) 22, 5,050