

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90442 030 ***150.00

DOCUMENT # P01000084193

1. Entity Name
SUN MANAGEMENT OF SOUTHWEST FLORIDA, INC.



Principal Place of Business
**PO BOX 37509
SARASOTA FL 34278**

Mailing Address
**PO BOX 37509
SARASOTA FL 34278**



2. Principal Place of Business
3135 Dividing Creek Dr.

3. Mailing Address

Suite, Apt. #, etc.
SARASOTA FL

Suite, Apt. #, etc.
PO Box 37509

City & State
FLORIDA

City & State
SARASOTA FL

Zip
34237

Country
SARASOTA

Zip
34237

Country
SARASOTA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-1142181

Applied For
Not Applicable

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

**STEWART, BRIAN
3135 DIVIDING CREEK DRIVE
SARASOTA FL 34237**

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

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

(NOTE: Registered Agent signature required when reinstating)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
STEWART, DARLENE
3135 DIVIDING CREEK DRIVE
SARASOTA FL 34237** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
STEWART, BRIAN
3135 DIVIDING CREEK DRIVE
SARASOTA FL 34237** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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:

Brian Stewart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03
Date

941 954 0242
Daytime Phone #

CR2E034 (10/02)