**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 11, 2002 8:00 am P01000108693 DOCUMENT # **Secretary of State** 1. Entity Name 02-11-2002 90085 041 \*\*\*150.00 SUN STATE PROPERTIES OF SOUTH FLORIDA, INC. Principal Place of Business Mailing Address 3521 BONITA BAY BLVD. 3521 BONITA BAY BLVD. BONITA SPRINGS FL 34134 **BONITA SPRINGS FL 34134** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. EEI Number Applied For Not Applicable 65-1150846 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Kenneth J. O'Leary BAHMS, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 3521 Bonita Bay Blvd. 3521 BONITA BAY BLVD. **BONITA SPRINGS FL 34134** Zip Code 34134 <sup>City</sup> Bon<u>ita Springs</u> for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named atity subm Kenneth J. O'Leary SIGNATUE gent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. (9/01) TITLE ☐ Defete TITLE P/S Kenneth J. O'Leary 3521 Bonita Bay Blvd. Bonita Springs, FL 34134 NAME NAME CR2E034 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE Michael Bahms 3521 Bonita Bay Blvd. Bonita Springs, FL 34134 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE TT Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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. Michael Bahms RECONDECTION 1-24-02 (941)948-0014 SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR