

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90143 039 \*\*\*150.00

CR140118 AT

**DOCUMENT # P01000111271**

1. Entity Name  
**SUNSINGER, INC.**

Principal Place of Business      Mailing Address  
**538 SW 48TH ST. RD.**      **538 SW 48TH ST. RD.**  
**OCALA FL 34474**      **OCALA FL 34474**

2. Principal Place of Business      3. Mailing Address  
**500 SW 10<sup>th</sup> St #103**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State      4. FEI Number      Applied For  
**Ocala, FL**           **59-3759041**      Not Applicable  
 Zip      Country      Zip      Country      5. Certificate of Status Desired      **\$8.75** Additional Fee Required  
**34474**      **USA**               



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent  
**LOWELL, MERYL**      Name  
**538 SW 48TH ST. RD.**      Street Address (P.O. Box Number is Not Acceptable)  
**OCALA FL 34474**      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.  
 SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.       **FILE NOW!!! FEE IS \$150.00**  
 After May 1, 2002 Fee will be \$550.00  
 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   |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11              |   |
|--|---------------------------------|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <del>President<br/>Meryl Lowell<br/>538 SW 48th St Rd.<br/>Ocala, FL 34474</del> | <input type="checkbox"/> Delete | President<br>Meryl Lowell<br>538 SW 48th St Rd.<br>Ocala, FL 34474 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|  | <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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.

SIGNATURE: Meryl Best Lowell      Date: 2/19/02      Daytime Phone #: 352-401-9878  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)