


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90065 041 ***150.00

DOCUMENT # P01000112450

1. Entity Name
Suntrans Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6335 Pickney Hill Rd

Suite, Apt. #, etc.

3. Mailing Address
6335 Pickney Hill Rd

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tallahassee Florida

City & State
Tallahassee Florida

4. FEI Number **59-3759548**

Applied For
 Not Applicable

Zip
32312-1590

Country
USA

Zip
32312-1590

Country
USA

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 **Klaus-Hermann Dahmen**

Street Address (P.O. Box Number is Not Acceptable)
6335 Pickney Hill Rd

City **Tallahassee** **FL** Zip Code **32312-1590**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P/T/D/S
Klaus-Hermann Dahmen
6335 Pickney Hill RD, Tallahassee FL 32312

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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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Klaus H. Dahmen KH Dahmen 01/4/03 **850 322 4443**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034B (12/02)