2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

2. Principal Place of Business

KNIERIEMEN, SUSAN E

8 SE OCALA WAY SUMMERFIELD FL 34491

Suite, Apt, #, etc.

City & State

Zip

P01000115364

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

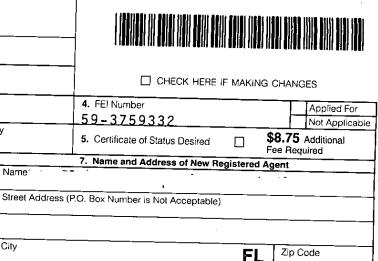


SUN HARBOR REALTY, P.A. Principal Place of Business Mailing Address 15580 S HWY 441 15580 S HWY 441 SUMMERFIELD FL 34491 SUMMERFIELD FL 34491

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FILED Jan 17, 2003 8:00 am Secretary of State

01-17-2003 90079 046 ***150.00



DATE

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 SIGNATURE

Country

Name

City

(NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Country

6. Name and Address of Current Registered Agent

9. Election Campaign Financing

\$5.00 May Be

Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE President, Treasurer NAME KNIERIEMEN, LOTHAR J X Change NAME 8 SE OCALA WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Summerfield fl 34491 CITY-ST-ZIP TITLE ☐ Delete Vice President, Secreta *\sqrt{y}^Change} NAME KNIERIEMEN, SUSAN E NAME STREET ADDRESS 8 SE OCALA WAY STREET ADDRESS CITY-ST-ZIP SUMMERFIELD FL 34491 CITY-ST-ZIP TITLE Delete. TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF TITLE ☐ Delete TITLE ☐ Change NAME Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete NAME [] Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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

SIGNATURE:

<u>Sus</u>an Knieriemen REQUIRVICE President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>352-307-7653</u>

CR2E034 (10/02)