

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90908 011 \*\*\*150.00

DOCUMENT # P02000017691

1. Entity Name  
SUN ALLIANCE INVESTMENTS, INC.



Principal Place of Business  
4134 GULF OF MEXICO DRIVE SUITE 302  
LONGBOAT KEY FL 34228

Mailing Address  
4134 GULF OF MEXICO DRIVE SUITE 302  
LONGBOAT KEY FL 34228

2. Principal Place of Business  
9631 CRENSHAW CIRCLE  
Suite, Apt. #, etc.

3. Mailing Address  
9631 CRENSHAW CIRCLE  
Suite, Apt. #, etc.

City & State  
CLERMONT FLORIDA  
Zip 34711 Country U.S.A.

4. FEI Number  
03-0398751  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BRIGGS, KEVIN  
4134 GULF OF MEXICO DRIVE SUITE 302  
LONGBOAT KEY FL 34228

7. Name and Address of New Registered Agent

Name  
BRIGGS KEVIN  
Street Address (P.O. Box Number is Not Acceptable)  
9631 CRENSHAW CIRCLE  
City CLERMONT FL Zip Code 34711

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 *H J Briggs* DATE 02/22/03  
Signature, typed or printed name of registered agent, or both, if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE PD  
NAME BRIGGS, KEVIN  
STREET ADDRESS 4134 GULF OF MEXICO DRIVE SUITE 302  
CITY-ST-ZIP LONGBOAT KEY FL 34228 ☐ Delete

TITLE VD  
NAME BRIGGS, SANDRA  
STREET ADDRESS 4134 GULF OF MEXICO DRIVE SUITE 302  
CITY-ST-ZIP LONGBOAT KEY FL 34228 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME BRIGGS, KEVIN  
STREET ADDRESS 9631 CRENSHAW CIRCLE  
CITY-ST-ZIP CLERMONT, FLORIDA 34711 ☒ Change ☐ Addition

TITLE VD  
NAME BRIGGS, SANDRA  
STREET ADDRESS 9631 CRENSHAW CIRCLE  
CITY-ST-ZIP CLERMONT FLORIDA 34711 ☒ Change ☐ Addition

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

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

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

TITLE  
NAME  
STREET ADDRESS  
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: *SIGNATURE REQUIRED* H. J. BRIGGS 02/22/03 352 241 0044  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)