

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90355 033 \*\*\*150.00

**DOCUMENT # P02000096030**

1. Entity Name  
**SUN WEST SOLUTIONS, INC.**



Principal Place of Business  
**1395 SOURWOOD CT  
FT MYERS FL 33917**

Mailing Address  
**1395 SOURWOOD CT  
FT MYERS FL 33917**



2. Principal Place of Business  
**25359 E. MARION AVE.**

Suite, Apt. #, etc.  
**Punta Gorda FL**

3. Mailing Address  
**P.O. Box 380845**

Suite, Apt. #, etc.

City & State

City & State  
**Murdoch, FL**

4. FEI Number

**56-2287065**

Applied For

Not Applicable

☐ CHECK HERE IF MAKING CHANGES

Zip  
**33950**

Country  
**USA**

Zip  
**33938-0845**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**VIRSACK, MICHAEL R  
1395 SOURWOOD CT  
FT MYERS FL 33917**

7. Name and Address of New Registered Agent

Name  
**Michael R. Virsack**

Street Address (P.O. Box Number is Not Acceptable)

**- SAME -**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPS  
VIRSACK, MICHAEL R  
1395 SOURWOOD CT  
FT MYERS FL 33917** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVT  
MULVEHILL, PAUL J JR.  
20343 WILKIE AVE  
PORT CHARLOTTE FL 33954** ☐ 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  
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

TITLE  
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**1-8-03**

**941-637-0157**

Date

Daytime Phone #

CR2E034 (10/02)