2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000103492

1. Entity Name

SUTHERLAND COMPANY, INC.



FILED Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90284 004 ***150.00

Principal Plac 20 LAUREL OF PALM HARBOR	AK COURT	Mailing Address - 20 Laurel Oak Court Palm Harbor FL 34683								
2. Principal P	lace of Buşiness	3. Mailing Address					* 			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State	e	City & State			4. FEI Number 55 - 0808604			-	plied For t Applicable	
Zip	Country	Zip	Coun	itry		5. Certificate of Status Desired S8.75 Additional Fee Required				
		7. Name and Address of New Registered Agent								
The second secon				Name _			الراسون ويداد ويسام	2-1		
-	BONNIE W	Street Addres			ddress (P.	(P.O. Box Number is Not Acceptable)				
	L OAK COURT	<u> </u>								
PALM HAF	RBOR FL 34683									
				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										
: F After Make Check	, 				Election Campaign Financin Trust Fund Contribution.		Added	0 May Be to Fees		
10. •	OFFICERS AND DIRECTORS		11. πτιε				ITIONS/CHANGES TO OFFICER			
TITLE NAME	D PROEFKE, BONNIE W	Delete		-	PITI		•	⊡ Cha	ange	☐ Addition
	20 LAUREL OAK COURT		NAM STRE	ET ADDRESS						
CITY-ST-ZIP	PALM HARBOR FL 34683		CITY							
TITLE	D	☐ Delete	TITLE	E	\$/	D		□ Chi	ange	☐ Addition
NAME	PROEFKE, RICHARD T		NAM	_	_					
STREET ADDRESS CITY-ST-ZIP	20 LAUREL OAK COURT		1	ET ADDRESS -ST-ZIP						
	PALM HARBOR FL 34683									(m) Addition
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indicated of the cor	ertify that the information supplied with on this report or supplemental report is orration or the receiver or trustee empo or on an attachment with an address, w	true and accurate and that me wered to execute this report	ny signat	ture shall ha	ave the sa	ame le	gal effect as if made under oath;	that I am an o	fficer o	or director

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03

727 789-3239

Daytime Phone #