

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90020 039 ***150.00

DOCUMENT # P92000013341
 1. Entity Name
SUNWEST P.E.O. OF FLORIDA II, INC.

Principal Place of Business 2801 W. BUSCH BLVD STE 240 TAMPA FL 33618-4520 US	Mailing Address 2801 W. BUSCH BLVD STE 240 TAMPA FL 33618-4531 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2701 W. Busch Blvd.	3. Mailing Address 2701 W. Busch Blvd.
Suite, Apt. #, etc. Suite 207	Suite, Apt. #, etc. Suite 207
City & State Tampa, Florida	City & State Tampa, Florida
Zip 33618	Country US

4. FEI Number 65-0374035	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LITTLE, JEROLD A
2801 W. BUSCH BLVD
STE 240
TAMPA FL 33618

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
2701 W. BUSCH BLVD.
Suite # 207
 City
Tampa **FL** Zip Code
33618

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.

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

DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PSDT	<input type="checkbox"/> Delete
NAME LITTLE, JEROLD A	
STREET ADDRESS 2801 W. BUSCH BLVD STE 240	
CITY-ST-ZIP TAMPA FL 33618	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 2701 W. Busch Blvd. Ste 207	
CITY-ST-ZIP Tampa, Florida	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Jennifer Schier	
STREET ADDRESS 1924 Woodcut Drive	
CITY-ST-ZIP Lutz, FL 33549	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jennifer Schier, Vice President 4-20-00 (813) 932-2272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)