

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90252 041 ***150.00

052027

DOCUMENT # P92000013341

Entity Name

SUNWEST P.E.O. OF FLORIDA II, INC.

Principal Place of Business 2701 W BUSCH BLVD STE 207 TAMPA FL 33618 US	Mailing Address 2701 W BUSCH BLVD STE 207 TAMPA FL 33618 US
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80065010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 221 HOBBS ST Suite, Apt. #, etc. 101 City & State TAMPA FL	3. Mailing Address 221 HOBBS ST Suite, Apt. #, etc. 101 City & State TAMPA FL
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4. FEI Number 65-0374035	Applied For <input type="checkbox"/> Not Applicable
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Zip 33619	Country Hills	Zip 33619	Country Hills
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
 LITTLE, JEROLD A
 2701 W BUSCH BLVD
 STE 207
 TAMPA FL 33618

7. Name and Address of New Registered Agent
 Name: RAYBURN MARTIN
 Street Address (P.O. Box Number is Not Acceptable): 221 HOBBS ST
 Suite 101
 City: TAMPA FL Zip Code: 33619

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: *H. Rayburn Martin* *H. Rayburn Martin* *4/30/2001*
 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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PSDT LITTLE, JEROLD A 2701 W BUSCH BLVD TAMPA FL 33618	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHIER, JENNIFER 1934 WOODCUT DR LUTZ FL 33549	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT D. ERIC ARFONS 221 HOBBS ST, SUITE 101 TAMPA, FL 33619	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT RAYBURN MARTIN 221 HOBBS ST, SUITE 101 TAMPA, FL 33619	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *H. Rayburn Martin* *H. Rayburn Martin* *4/30/2001*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day(s) Phone #

CR2E034 (10/00)