

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000022854

1. Entity Name
SUNPOINT ASSET MANAGERS, INC.

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90155 049 ***550.00

Principal Place of Business

1341-B BEDFORD DR.
SUITE 505
MELBOURNE FL 32940
US

Mailing Address

1341-B BEDFORD DRIVE
SUITE 505
MELBOURNE FL 32901
US

2. Principal Place of Business

454 N. Wickham Road.
Suite, Apt. #, etc.

3. Mailing Address

454 N. Wickham Road.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Melbourne FL
Zip 32935
Country USA

City & State

Melbourne FL
Zip 32935
Country USA

4. FEI Number 59-3174517

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SPACCIO, ROCCO
1341-B BEDFORD DR
MELBOURNE FL 32940

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
454 N. Wickham Road.
City Melbourne FL Zip Code 32935

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 *Rocco Spaccio*

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	SPACCIO, ROCCO L	
STREET ADDRESS	1341-B BEDFORD DR	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GALLO, GINA M	
STREET ADDRESS	1341-B BEDFORD DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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 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		
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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:

Rocco Spaccio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-10-00

Daytime Phone #

(407) 292-8200