

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000022854

1. Entity Name

SUNPOINT ASSET MANAGERS, INC.

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90091 031 ***150.00

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
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2. Principal Place of Business 4501 N. Wickham Rd Suite, Apt. #, etc. Suite 104 City & State Melbourne, FL Zip 32935 Country USA	3. Mailing Address 4501 N. Wickham Rd Suite, Apt. #, etc. Suite 104 City & State Melbourne, FL Zip 32935 Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3174517	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 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) City FL Zip Code
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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* DATE 01-09-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPACCIO, ROCCO L 1341-B BEDFORD DR MELBOURNE FL 32940 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GALLO, GINA M 1341-B BEDFORD DRIVE MELBOURNE FL 32940 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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, or all other like empowered.

SIGNATURE: *Rocco Spaccio* Date 01-09-01 (321)242-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0092173

CR2E034 (10/00)