

FILED  
Apr 10, 2002 8:00 am  
Secretary of State

04-10-2002 90666 039 \*\*\*150.00

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000029627

1. Entity Name

SUNBURST OF WEST PALM BEACH, INC.

DO NOT WRITE IN THIS SPACE

80064412

2. Principal Place of Business

2822 FOREST HILL BLVD.

Suite, Apt. #, etc.

3. Mailing Address

555 MARTIN LUTHER KING JR. BLVD.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WEST PALM BEACH, FL

City & State

YOUNGSTOWN, OH

4. FEI Number

65-0404762

Applied For

Not Applicable

Zip

Country

33406

Zip

Country

44502

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

WEIMER, WILLAM A.

Street Address (P.O. Box Number is Not Acceptable)

2822 FOREST HILL BOULEVARD

City

WEST PALM BEACH

FL

Zip Code  
33406

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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

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
DP  
ZOLDAN, BRUCE J  
4490 DEVONSHIRE DR.  
YOUNGSTOWN, OH 44512

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
FRANK, PETER S.  
8518 SUMMERLAND TRAIL  
POLAND, OH 44514

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Peter Frank*

PETER FRANK

Date

Daytime Phone #