

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
 04-11-2001 90091 029 ***150.00

DOCUMENT # **P93000030143**

1. Entity Name

SUNEDAST CAPITAL CORP.

Principal Place of Business

Mailing Address

2. Principal Place of Business

4360 NORTHLAKE BLVD

3. Mailing Address

7593 IRONHORSE BLVD

Suite, Apt. #, etc.

SUITE 211

Suite, Apt. #, etc.

WEST PALM BEACH FL

City & State

PALM BEACH GARDENS, FL

City & State

WEST PALM BEACH FL

Zip

33410

Country

Zip

33412

Country

4. FEI Number

65-0593179

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARREN BLANCHARD JR
113 BOWSPRIT DRIVE
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name **WARREN BLANCHARD JR**
 Street Address (P.O. Box Number is Not Acceptable) **7593 IRONHORSE BLVD**
 City **WEST PALM BEACH** FL Zip **33412**

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 **WARREN BLANCHARD JR** **MANAGING DIRECTOR** **3/19/01**

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 **DIRECTOR** ☐ Delete
 NAME **WARREN BLANCHARD JR**
 STREET ADDRESS **7593 IRONHORSE BLVD**
 CITY-ST-ZIP **WEST PALM BEACH FL 33412**

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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 Block 12 if changed, or on an attachment with an address, with both like empowered.

SIGNATURE: **WARREN BLANCHARD JR**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/01
 Date

561 630 8400 x 101
 Daytime Phone #

CR2E034 (11/00)