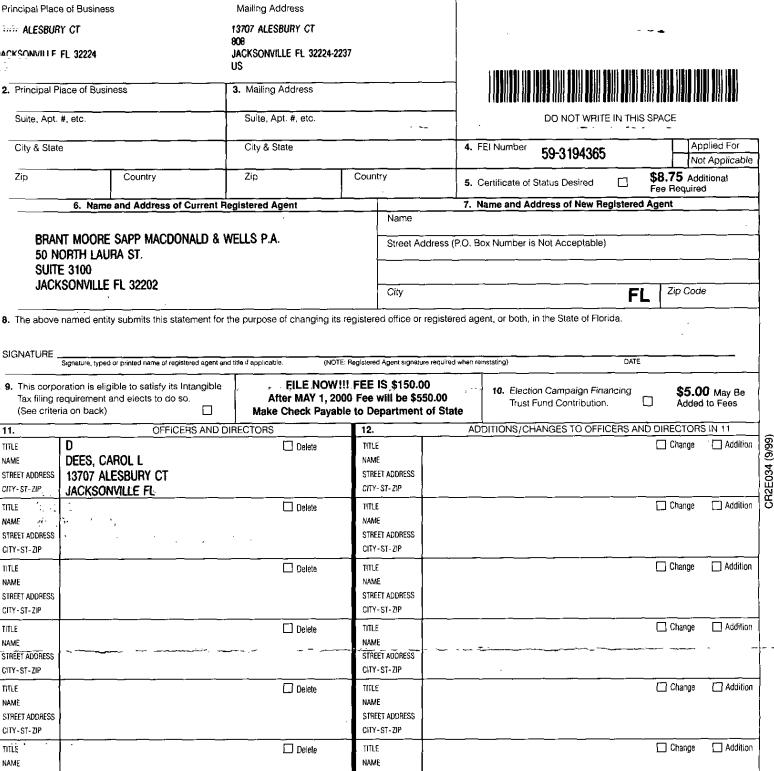
2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P93000054295** SUNBURST PAGEANTS, INC. Mailing Address Principal Place of Business 13707 ALESBURY CT ALESBURY CT IACKSONVILLE EL 32224 JACKSONVILLE Ft. 32224-2237 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zin Zip Country Country 6. Name and Address of Current Registered Agent Name BRANT MOORE SAPP MACDONALD & WELLS P.A. 50 NORTH LAURA ST.

Apr 18, 2000 8:00 am Secretary of State

04-18-2000 90152 010 ***150.00



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.

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

Delete

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12.

TITLE

NAME

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE NAME

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

SUITE 3100

(See criteria on back)

SIGNATURE

11.

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE NAME

TITLE

NAME

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NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

JACKSONVILLE FL 32202

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

DEES, CAROL L

13707 ALESBURY CT

JACKSONVILLE FL

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

