## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Aug 17, 2000 8:00 am Secretary of State DOCUMENT # P9400036828 1. Entity Name SUN CHASER ENTERPRISES, INCORPORATED 08-17-2000 90103 044 \*\*\*158.75 Principal Place of Business Mailing Address 813 ARBOR HILL CIR 813 ARBOR HILL CIR CLERMONT FL 34711 CLERMONT FL 34711 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3251074 Not Applicable Zip- , . . . \_ Zip Country \_\_\_ \$8.75. Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REYES. MOISES Street Address (P.O. Box Number is Not Acceptable) 813 ARBOR HILL CIRCLE CLERMONT FL 34711 Zip Code 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) FILE NOW!!! FEE IS 9550:00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ADONESS Thange TITLE TITLE □ Delete REYES, MOISES NAME 8/3 ARSOR HILL CIRCLE 3033 HAMMERSMITH ROAD STREET ADDRESS STREET ADDRESS CLOSMONT FL 34711 CITY-ST-ZIP ORLANDO FL 32818 CITY-ST-ZIP ☐ Delete TITLE TITLE REYES. DENISE NAME NAME 813 ARBOR HILL CIRCLE 3033 HAMMERSMITH ROAD STREET ADDRESS STREET ADDRESS Clepmont RL 34711 CITY-ST-ZIP\_ ORLANDO FL 32818 CITY-ST-ZIP □ Change TITLE ☐ Delete TITI F ■ Addition ز حرباس ب NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trusted employeered 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 ether like empowered. changed, or on an attachment

SIGNATURE:

To. Customer Service DOCUMENT # P94000036828 SUN Chasee Extensuses Please except my spology for this late regultance, But we did not receive our forms until this notice When I called to request the reason I was told to enclose original fee's and this letter () explanation. When we receive our notices. Houch In Moises REYES 407 257-0260 cellular 352 241-4964 OFFice 352 241-9219 FAK