2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State
02-17-2003 90206 031 ***150.00

DOCUMENT # P95000007727

1. Entity Name
SUNBURST REALTY, INC.

Principal Place of Business	Mailing Address
999 FT. PICKENS ROAD UNIT 106 PENSACOLA FL 32561	999 FT. PICKENS ROAD UNIT 106 PENSACOLA FL 32561

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	966 VESTAVIA WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: GULF BREEZE, FL
Zip / Country	Zip: 32563 / Country: USA

4. FEI Number 59-3296106 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SEPULVEDA, JOHN
999 FT. PICKENS ROAD UNIT 106
PENSACOLA FL 32561

7. Name and Address of New Registered Agent

Name

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

City GULF BREEZE FL Zip Code 32563

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] DATE 2/13/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SEPULVEDA, JOHN 999 FT PICKENS RD PENSACOLA FL 32561 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition P SEPULVEDA, JOHN 966 VESTAVIA WAY GULF BREEZE, FL 32563
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED [signature] 2/13/03 (850) 934-8347
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #