## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 08, 2000 8:00 am Secretary of State DOCUMENT # **P95000028134** 1. Entity Name SUNS NATURE COAST REALTY, INC. 05-08-2000 90213 018 \*\*\*150.00 Principal Place of Business Mailing Address 4044 NEW PORT DRIVE 4044 NEW PORT DRIVE SUITE 203 SUITE 203 1,0085410 NEW PRT RICHEY FL 34652-6080 NEW PRT RICHEY FL 34652 2. Principal Place of Business 3. Mailing Address 6611 US 19 6611 US 19 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 503 Suite 503 Applied For City & State City & State FEI Number 59-3308689 Not Applicable New Port Richey, F1 New Port Richey, F1 \$8.75 Additional 5. Certificate of Status Desired 34652-1732 34652-1732 U.S.A. U.S.A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name UZZLE, GREGORY H Street Address (P.O. Box Number is Not Acceptable) 5352 Bay Blvd 4527 BLANCHE STREET **NEW PORT RICHEY FL 34652** 34668 Port Richey 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 \$150.00 ... 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) K Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE Change Addition UZZLE, GREGORY H NAME NAME 4527 BLANCHE STA 5352 Bay Blvd STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEW PORT RICHEY FL 34652** Port Richey, F1 34668 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition Change TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST#ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

13. Thereby 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 attention with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

≺Gregory H Uzzle, President

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/2000

Daytime Phone #