

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000070155

1. Entity Name

FLORIDA SUN GROUP, INC.

Principal Place of Business

3515 DELPRADO BLVD.
SUITE 107
CAPE CORAL FL 33904
US

Mailing Address

12670 NEW BRITTANY BLVD.
SUITE 101
FORT MYERS FL 33907
US

2. Principal Place of Business

441 N. Del Prado Blvd.

3. Mailing Address

441 N. Del Prado Blvd.

Suite, Apt. #, etc.

#9

City & State

Cape Coral, FL

City & State

Cape Coral, FL

Zip

33909

Zip

33909

Country

Lee

Country

Lee

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90054 049 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0613372** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PAYNE, DONALD L
3515 DEL PRONDO BLVD. SUITE 7
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

GISELA SOYKE

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

**441 N. DEL PRADO BLVD., #9
CAPE CORAL, FL**

City

FL Zip Code **33909**

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)

DATE

(GISELA SOYKE)
2-1-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTS** Delete
NAME PAYNE, DONALD L
STREET ADDRESS 3515 DEL PRADO BLVD., SUITE 107
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PTS** Delete
NAME SOYKE, GISELA
STREET ADDRESS 441 N. DEL PRADO BLVD., #9
CITY-ST-ZIP CAPE CORAL, FL, 33909

TITLE **PTS** Change Addition
NAME SOYKE, GISELA
STREET ADDRESS 441 N. DEL PRADO BLVD., #9
CITY-ST-ZIP CAPE CORAL, FL, 33909

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-541-1222

CR2E034 (10/00)