

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State
 02-08-2001 90054 049 ***150.00

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

441 N. DEL Prado Blvd.

Suite, Apt. #, etc.

#9

City & State

Cape Coral, FL

Zip

33909

Country

Lee

3. Mailing Address

441 N. Del Prado Blvd.

Suite, Apt. #, etc.

#9

City & State

Cape Coral, FL

Zip

33909

Country

Lee

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

Name

GISELA SOYKE

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

441 N. DEL PRADO BLVD., #9

CAPE CORAL

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 of Donald Payne)

(Donald Payne)

(Signature of Gisela Soyke)

DATE

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

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

TITLE **PTS** ☐ Delete
 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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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 #

(Signature of Gisela Soyke)

941-541-1222

CR2E034 (10/00)