

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P95000095010**

1. Entity Name
SUNCAPITAL PROPERTIES, INC.



Principal Place of Business
1407 E PIEDMONT DR.
TALLAHASSEE FL 32308
US

Mailing Address
1407 E PIEDMONT DR.
TALLAHASSEE FL 32308

2. Principal Place of Business
3849 Killen Court

3. Mailing Address
3849 Killen Court

Suite, Apt. #, etc.
C

Suite, Apt. #, etc.
C

City & State
Tallahassee FL

City & State
Tallahassee FL

Zip
32309

Zip
32309

Country
US

Country
US

4. FEI Number
59-3353234

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CARTEE, GRAY I
2605 NOBLE DRIVE
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name

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

City

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-22-03

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
**D
CARTEE, GRAY I
POST OFFICE BOX 12281 N/A
TALLAHASSEE FL 32317**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
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CITY-ST-ZIP

Change

Addition

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:

President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-03

422-3000

Daytime Phone #

CR2E034 (10/02)