

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000016119

1. Entity Name  
SunNet Telecom, INC.

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90018 004 \*\*\*158.75

Principal Place of Business  
4521 P.G.A. Blvd.  
Suite 332  
PALM BEACH GARDENS  
FLORIDA, 33418

Mailing Address  
4521 P.G.A. Blvd.  
Suite 332  
PALM BEACH GARDENS  
FLORIDA, 33418

2. Principal Place of Business  
4521 P.G.A. Blvd.  
Suite, Apt. #, etc.  
Suite 332

3. Mailing Address  
4521 P.G.A. Blvd.  
Suite, Apt. #, etc.  
Suite 332

City & State  
PALM BEACH GARDENS, FL

Zip  
FL 33418

Country  
U.S.A.

4. FEI Number  
65-0645506


Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
FISHER, Michelle  
4521 PGA Blvd, Suite 332  
PALM BEACH GARDENS, FL.  
33418

7. Name and Address of New Registered Agent  
Name  
PETER FISHER  
Street Address (P.O. Box Number is Not Acceptable)  
4521 P.G.A. Blvd.  
Suite 332  
City  
PALM BEACH GARDENS FL Zip Code  
33418

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  PETER FISHER 4/20/00  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	VSD FISHER Michelle 4521 PGA Blvd, Ste 332 PALM BEACH GARDENS, FL. 33418	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTSD FISHER PETER 4521 P.G.A. Blvd., Ste 332 PALM BEACH GARDENS, FL. 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  PETER FISHER 4/20/00 561-691-4212  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone \*

CR2E034 (9/99)