FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Mar 24, 2002 8:00 am Secretary of State DOCUMENT # P96000054675 1. Entity Name 03-24-2002 90090 043 ***150.00 SUNMARK CORPORATION Principal Place of Business Mailing Address 2423 SE DIXIE HIGHWAY 2423 SE DIXIE HIGHWAY STUART FL 34996 STUART: FL 34996 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0679995 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BUTEUX, RICHARD E Street Address (P.O. Box Number is Not Acceptable) 2423 SE DIXIE HIGHWAY STUART FL 34996 City 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. 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 \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITI F Change ☐ Addition TITLE NAME NAME **BUTEUX, RICHARD E** STREET ADDRESS STREET ADDRESS 2423 SE DIXIE HIGHWAY CITY-ST-ZIP CITY-ST-ZIP STUART FL 34996 Change TITLE Addition D ☐ Delete TITLE -NAME NAME **BUTEUX, RICHARD E** STREET ADDRESS STREET ADDRESS 2423 SE DIXIE HIGHWAY CITY-ST-7IP CITY~ST-ZIP STUART FL 34596 . _ _ Change ☐ Addition TITLE DOM -- --Delete --TITLE NAME NAME HAYS, CAROL W STREET ADDRESS STREET ADDRESS 2423 SE DIXIE HWY CITY-ST-ZIP CITY-ST-ZIP STUART FL 34996 ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 inpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

CR2E034 (9/01)