2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 31, 2000 8:00 am DOCUMENT # **P97000008226** 1. Entity Name **Secretary of State** SUNSPOT, INC. 03-31-2000 90067 024 ***150.00 Principal Place of Business Mailing Address 1801 S FEDERAL HWY 1801 S FEDERAL HWY STE 202 STE 202 DELRAY BCH FL 33483-3333 DELRAY BCH FL 33483 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0727270 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WERBER, RICHARD Street Address (P.O. Box Number is Not Acceptable) 611 BROKEN SOUND PARKWAY, NW **BOCA RATON FL 33487** Zip Code الما FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Maddition TITLE ☐ Delete TITLE WERBER, RICHARD NAME STREET ADDRESS 1801 S. FEDERAL HIGHWAY, STE 202 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33483** ☐ Change ☐ Addition ☐ Delete TITLE NAME DESANTIS, CARL NAME STREET ADDRESS 1801 S FEDERAL HWY, STE 202 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DELRAY BCH FL 33483** Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Celete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Celete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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.