FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90324 005 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000057980

1. Entity Name: Sunstate Equity Trading, Inc.

669847

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10008 N. Dale Mabry Hwy	10008 N. Dale Mabry Hwy
Suite, Apt. #, etc.: Suite 113	Suite, Apt. #, etc.: Suite 113
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33618 Country: USA	Zip: 33618 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0714387 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Jeffrey A. Dowd, P.A.

Street Address (P.O. Box Number is Not Acceptable): 550 N. Reo St.

Suite 302

City: Tampa FL Zip Code: 33609

DO NOT WRITE IN THIS SPACE

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] - Jeffrey A. Dowd, Pres. 5/1/02

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)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PSTD	TITLE	
NAME	Kelly, James R.	NAME	
STREET ADDRESS	10008 N. Dale Mabry Hwy, Suite 113	STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33618	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	IN THIS SPACE
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] - James R. Kelly 5/1/02 813-961-4649

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #