## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED Feb 04, 2000 8:00 am Secretary of State DOCUMENT # **P97000099760** 1. Entity Name SUN SOLUTIONS BY GAYLE, INC. 02-04-2000 90075 037 \*\*\*150.00 Principal Place of Business Mailing Address 2003 CARRINGTON DRIVE 2003 CARRINGTON DRIVE ORLANDO FL 32807 ORLANDO FL 32907-5206 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.-City & State City & State 4. FEI Number Applied For 59-3473254 Not Applicable Zip Country 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 Name MEAGHER, GAYLE Street Address (P.O. Box Number is Not Acceptable) 2003 CARRINGTON DRIVE ORLANDO FL 32807 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) DATE FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its lotangible. 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 (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2F034 (9/99) TITLE □ Delete TITLE ☐ Change ☐ Addition MEAGHER, GAYLE NAME NAME STREET ADDRESS 2003 CARRINGTON DRIVE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32804 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete ☐ Change MEAGHER, MICHAEL NAME NAME 2003 CARRINGTON DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32804 TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Dèlete TITLE □ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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: 4

asident 1-28-00 407673 8818