

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90758 048 ***150.00

DOCUMENT # **P98000009514**

1. Entity Name

SUNFlorida Properties, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14601 TAMiami Trail

Suite, Apt. #, etc.

3. Mailing Address

14601 TAMiami Trail

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

North Port, FL

City & State

North Port, FL

4. FEI Number

650810274

Applied For

Not Applicable

Zip

34287

Country

SARASOTA

Zip

34287

Country

SARASOTA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

AmeriLawyer

Street Address (P.O. Box Number is Not Acceptable)

343 Almetia Avenue

City

Coral Gables

FL

Zip Code

33134

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
Steven C. Chaney
14601 TAMiami Trail
North Port, FL 34287**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVP
MARSHA D. Chaney
1551 S. CRANberry BLVD
North Port, FL 34286**

TITLE
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Steven C. Chaney **Steven C. Chaney** **4/28/03** **(941) 423-0121**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)