2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000050839

1. Entity Name

SUN DEVELOPMENT CORP.

FILED
May 11, 2000 8:00 am
Secretary of State
05-11-2000 90322 044 ***150.00

NEK A

Principal Place of Business	Mailing Address
~~1111 MARINA DRIVE~~	1111 ~~MARINA~~ DRIVE
TARPON SPRINGS FL 34689	TARPON SPRINGS FL 34609-0121

PO BOX 15624 BROOKSVILLE FL, 34609

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3496 Little Leaf Ct.	P. O. Box 15624
Suite, Apt. #, etc.: Pristine Place	Suite, Apt. #, etc.
City & State: Spring Hill FL	City & State: Brooksville FL
Zip: 34609 County: Hernando USA	Zip: 34609 Country: USA

4. FEI Number 59-3521796 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PFLEGER, D E
~~1111 MARINA DRIVE~~ PO BOX 15624
~~TARPON SPRINGS FL 34689~~ BROOKSVILLE FL 34609

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 3496 LITTLE LEAF COURT
City FL 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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STP / PFLEGER, D E / 1111 MARINA DRIVE / TARPON SPRINGS FL 34689 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition / P.O. BOX 15624 / BROOKSVILLE FL 34609
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CR2E034 (9/99)

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.

SIGNATURE: ______________________ 4-24-00 352-688-4677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #