

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000050839

1. Entity Name

SUN DEVELOPMENT CORP.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90195 026 ***150.00

Principal Place of Business

3496 LITTLE LEAF CT
PRISTINE PLACE
SPRING HILL FL 34609
US

Mailing Address

PO BOX 15624
BROOKSVILLE FL 34609
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3521796

Applied For

Not Applicable

Zip

Country

Zip

Country

34604-0121

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PFLEGER, D E
3496 LITTLE LEAF CT
PO BOX 15624
BROOKSVILLE FL 34609

Name

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

City

FL

Zip Code

34604-0121

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

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, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STP PFLEGER, D E PO BOX 15624 BROOKSVILLE FL 34609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NEW Zip Code = 34604-0121
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Steven Byrd PO Box 15624 Brooksville FL 34609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Division President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pflegger, DAVID W. PO Box 15624 Brooksville FL 34609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Division President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NICK POLEMAR HAKIS PO Box 15624 Brooksville FL 34609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	New Product Development President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

D. E. PFLEGER PRESIDENT

4/30/01

352-688-4677

CR2E034 (10/00)