

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90423 050 ***150.00

DOCUMENT # P98000050839

1. Entity Name
SUN DEVELOPMENT CORP.



Principal Place of Business
3496 LITTLE LEAF CT
PRISTINE PLACE
SPRING HILL FL 34609
US

Mailing Address
PO BOX 15624
BROOKSVILLE FL 34604-0121
US



2. Principal Place of Business

4009 INDIAN RIVER ST.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3521796**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PFLEGER, D E
3496 LITTLE LEAF CT
PO BOX 15624
BROOKSVILLE FL 34604

7. Name and Address of New Registered Agent

Name

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

4009 INDIAN RIVER ST.

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. 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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|-------------|---------------------------|--|-------|------|----------------|-------------|
| | P | PFLEGER, D E | PO BOX 15624 BROOKSVILLE FL 34604-0121 | | | | |
| | | | | | | | |
| | SDTP | BYRD, STEVEN | P O BOX 15624 BROOKSVILLE FL 34604-0121 | | | | |
| | | | | | | | |
| | DP | PFLEGER, DAVID W | P O BOX 15624 BROOKSVILLE FL 34604-0121 | | | | |
| | | | | | | | |
| | NPDP | POLEMARHAKIS, NICK | P O BOX 15624 BROOKSVILLE FL 34604-0121 | | | | |
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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #