

AMENDED

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) (AMENDED)**FILED 02/20/2003 90135 024 ****61.25
P98000050839

DOCUMENT # P98000050839

1. Entity Name
SUN DEVELOPMENT CORP.

03 FEB 25 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDAPrincipal Place of Business
4009 INDIAN RIVER ST
SPRING HILL, FL 34609 USMailing Address
PO BOX 15624
BROOKSVILLE, FL 34604-0121 US☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3521796Applied For
Not Applicable

Zip

Country

Zip

Country

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
4009 INDIAN RIVER ST
BROOKSVILLE, FL 34604

Name

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

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 date if applicable.

(NOTE: Registered Agent Signature required when changing)

DATE

FILE NOW!!! FEE IS \$160.00
ARAY MAY 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State9. 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

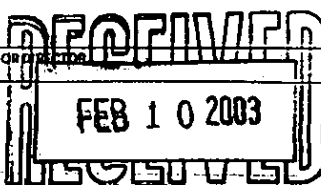
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
P	PFLEGER, D E	PO BOX 15624	BROOKSVILLE, FL 346040121	☐ Delete
SDTP	BYRD, STEVEN	P O BOX 15624	BROOKSVILLE, FL 346040121	☒ Delete
DP	PFLEGER, DAVID W	P O BOX 15624	BROOKSVILLE, FL 346040121	☐ Delete
NPD	POLEMARHAKIS, NICK	P O BOX 15624	BROOKSVILLE, FL 346040121	☒ Delete
				☐ Delete
				☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Date

Daytime Phone #

2/25/03