2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P98000065258

DOCUMENT #

1. Entity Name INDIAN SUNBURST REALTY CORP.

FILED May 05, 2003 8:00 am Secretary of State
05-05-2003 91793 032 ***150.00

	ONDONOT HEALTT CONT.	/		<i>y</i>		
Principal Place of Business MICHAEL E. ROSEN S50 MAMARONECK AVENUE HARRISON NY 10528		Mailing Address 2250 AVENIDA DEL VERA N. FORT MYERS FL 33917		T I DANNES LIN KOKO KENIL BERN BENK BENK ARMA ARMA	II OZNIĐ (KODI) BIJO) (OJI KODI	
	Place of Business	3. Mailing Address		T ENGREPORE TEN TOTAL SELSE DOTAL DOTAL DRIVE BATTE	A BRILIN HANDE ATEMS HOW THINK	
Suite, Apt. #, etc. Suite, Apt. #, etc.				<u>-</u>		
Suite, Apr	. #, etc.	Suite, Apr. #, etc.		☐ CHECK HERE IF MAKING C	HANGES	
City & Sta		City & State	<u>-</u>	4. FEI Number 22-3649524	Applied For	
N. Ft. Myers FL 33917					Not Applicable	
Zip 3391	Country	Zip	Country		8.75 Additional e Required	
33/1	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agr		
 -	The second secon		Name			
CALLAHAN, W S ESQ			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
STUMP, STOREY & CALLAHAN, P.A.			Olifet Address	(F.O. BOX Nulliber is Not Acceptable)		
37 NORTH ORANGE AVENUE #200						
ORLAND(O FL 32801		City	FL	Zip Code	
8. The above	e named entity submits this statement for	the purpose of changing its re	egistered office or registe	ered agent, or both, in the State of Florida. I am fan	niliar with, and accept	
	tions of registered agent.	the perpose of entanging non	agiotorea office of region	order agont, or boat, in the state of Florida. Family	ma man and accept	
CICNATURE						
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signature require	ed when reinstating) DATE		
: § F	ILE NOW!!! FEE IS \$150.00					
L	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND I		11.	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 11	
TITLE	D	☐ Delete	TITLE		Change Addition	
NAME	ROSEN, MICHAEL E	•	NAME			
STREET ADDRESS CITY-ST-ZIP	2250 AVENIDA DEL VERA NORTH FORT MYERS FL 33917	,	STREET ADDRESS CITY-ST-ZIP		{	
	0		1		7.05	
TITLE NAME	CLARK, DAVE	☐ Delete	TITLE NAME	L	Change Addition	
STREET ADDRESS	2250 AVENIDA DEL VERA		STREET ADDRESS		-	
CITY-ST-ZIP	NORTH FORT MYERS FL 33917		CITY-ST-ZIP			
TITLE	V	Delete	TITLE		Change - Addition	
NAME	CORDELLO, DOUG		NAME		i	
STREET ADDRESS CITY-ST-ZIP	2250 AVENIDA DEL VERA NORTH FORT MYERS FL 33917		STREET ADDRESS CITY-ST-ZIP		l	
·~	NORTH FORT MIERS PE 33917				7.05	
TITLE NAME	ł.	☐ Delete	TITLE NAME	L	Change Addition	
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CITY-ST-ZIP	l ·	_	CITY-ST-ZIP		ļ	
TITLE		☐ Delete	TITLE		Change	
NAME		•	NAME		į	
STREET ADDRESS			STREET ADORESS		ĺ	
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE	}	☐ Delete	TITLE		Change	
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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 of the receiver or in stee 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:

Daytime Phone #