Apr 23, 2001 8:00 am Secretary of State

04-23-2001 90010 042 ***150.00

DO NOT WRITE IN THIS SPACE

2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Name

SUNGATE DEVELOPMENT, INC.

DOCUMENT # P98000073776

Principal	Place	of	Business
Principal	Place	Oī	Business

Mailing Address

415 PINEDA COURT MELBOURNE FL 32940 415 PINEDA COURT MELBOURNE FL 32940

 Suite.	Apt.	#.	etc.	

2. Principal Place of Business

3. Mailing Address

City & State

Zip

City & State

Suite, Apt. #, etc.

Country

4. FEI Number

5. Certificate of Status Desired

59-3539851

7. Name and Address of New Registered Agent

Applied For Not Applicable

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

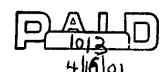
Country

BOUNIOL, JEAN C 415 PINEDA COURT MELBOURNE FL 32940

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)



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

(NOTE: Registered Agent signature required when reinstating)

Name

FL

DATE

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

Signature, typed or printed name of registered agent and title if applicable.

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition Change **PSTD** ☐ Delete TITLE TITLE NAME NAME **BOUNIOL, JEAN C** STREET ADDRESS STREET ADDRESS 415 PINEDA COURT CITY-ST-ZIP CITY-ST-7/P MELBOURNE FL 32940 ☐ Addition ☐ Change Delete TITLE TITLE NAME CLERC, JEAN YVES C NAME STREET ADDRESS STREET ADDRESS **415 PINEDA COURT** CITY-ST-7IP CITY-ST-ZIP **MELBOURNE FL 32940** ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change TITLE □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIF Change ☐ Addition TITLE ☐ Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

TO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Jurc