**2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)** 

## DOCUMENT #

Principal Place of Business 6301-B SAN JUAN AVE.

P98000084030

Mailing Address

6301-B SAN JUAN AVE.

1. Entity Name

FIRSTSUN FINANCIAL. INC.



FILED Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90215 030 \*\*\*150.00

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2. Principal Place of Business  3. Mailing Address  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Country				
City & State  City & State  City & State  4. FEI Number 59-3534626  Zip Country  Zip Country  5. Certificate of Status Desired \$8.7 Fee R  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent	-			
Zip Country Zip Country 5. Certificate of Status Desired \$8.7 Fee R  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent	4. FEI Number 59-3534626 Applied For Not Applicable			
5. Certificate of Status Desired Fee R  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent				
	75 Additional Required			
Name	it			
	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 familia 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	ar with, and accept			
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	\$5.00 May Be Added to Fees			

Make Check Payable to Florida Department of State								
10.	OFFICERS AND DIRECTORS		11. ADI		DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILTSE, BRUCE E 5992 HECKSHER DR JACKSONVILLE FL 32226	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
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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: