

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91295 025 ***150.00

DOCUMENT # P98000094762

1. Entity Name

SUNDIAL GROUP ENTERPRISES, INC.

Principal Place of Business

**2328 HANCOCK BRIDGE PARKWAY
 STE 111
 CAPE CORAL FL 33990
 US**

Mailing Address

**PO BOX 151214
 CAPE CORAL FL 33915
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

441 Del Prado Blvd. N.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #5

City & State

Cape Coral, Fl.

Zip

33909

Country

US

Country

4. FEI Number

65-0882612

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MIDGETT, EDWARD F.
 2328 HANCOCK BRIDGE PKWY
 STE 111
 CAPE CORAL FL 33990**

7. Name and Address of New Registered Agent

Name

Midgett, Edward F.

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

441 Del Prado Blvd. N.

Suite #5

City

Cape Coral

FL

Zip Code
33909

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 Edward F. Midgett - P.S.

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

(NOTE: Registered Agent signature required when reinstating)

4/29/02
 DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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**

11. OFFICERS AND DIRECTORS

TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	MIDGETT, EDWARD F	
CITY-ST-ZIP	2328 HANCOCK BRIDGE PKWY STE 111 CAPE CORAL FL 33990	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Midgett, Edward F.	
CITY-ST-ZIP	441 Del Prado Blvd. N., Suite #5 Cape Coral, Fl. 33909	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/01)

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: Edward F. Midgett
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/02/02
 Date

(239) 772-0225
 Daytime Phone #