## FILED 2003 FOR PROFIT CORPORATION Apr 28, 2003 8:00 am } Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P98000103671 DOCUMENT # 1. Entity Name 04-28-2003 91487 014 \*\*\*150.00 SUN REALTY OF PASCO, INC. Principal Place of Business Mailing Address 1532 LAND O' LAKES BLVD 1532 LAND O' LAKES BLVD SUITE H SUITE H **LUTZ FL 33549 LUTZ FL 33549** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-3546810 Not Applicable Zip Country .Country \$8.75 Additional 5.\_Certificate of Status, Desired Fee Required -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BENJAMIN, MICHAEL I Street Address (P.O. Box Number is Not Acceptable) 1532 LAND O' LAKES BLVD SUITE H **LUTZ FL 33549** City 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 title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change Addition TITLE ☐ Delete TITLE BENJAMIN, MICHAELEI NAME NAME 21523 WOODSTORK LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LUTZ FL 33549 CITY-ST-ZIP TITLE ☐ Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE

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.

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

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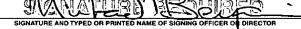
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STREET ADDRESS CITY-ST-7IP

CITY-ST-ZIP



Delete

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