

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90114 007 ***150.00

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

DOCUMENT # P99000039234

1. Entity Name
HAZEL SUN, P.A.

Principal Place of Business: **954N 960-N ORLANDO AVE #150- WINTER PARK, FL 32789**
 Mailing Address: **954N 960-N ORLANDO AVE #150- WINTER PARK, FL 32789**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

4. FEI Number: **58-3571108** Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent:
**SUN, HAZEL
 960 N ORLANDO AVE #150
 WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent:
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: **FL** 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: _____ DATE: _____

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | TD SUN, HAZEL 960-N ORLANDO AVENUE WINTER PARK, FL 32789 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 190.07(5)(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: *Hazel Sun* **4-27-03**

70055444



CHECK HERE IF MAKING CHANGES

CRREC04 (10/02)

Attachment# 70055444
P99000039234

I have not received
the form from you
this year, so I
pull this from the
internet. Please send
form to me next year.