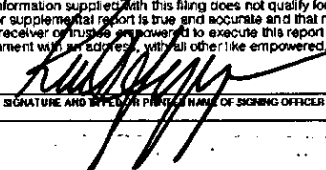


FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90436 042 ***150.00

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

30033208

DOCUMENT # P99000041817		
1. Entity Name SUN VISIT 304, INC.		
Principal Place of Business C/O RON MCFADYEN TEMPLE TRUST CO LTD PO BOX 228 LEEWARD HWY PROV. TURK&CAICOS ISLANDS, WI		Mailing Address C/O RON MCFADYEN TEMPLE TRUST CO LTD PO BOX 228 LEEWARD HWY PROV. TURK&CAICOS ISLANDS, WI
2. Principal Place of Business C/O 4710 NW 2 Ave.		3. Mailing Address C/O 4710 NW 2 Ave.
Suite, Apt. #, etc. #101		City & State Boca-Raton FL
City & State Boca-Raton FL		4. FEI Number 65-1000925
Zip 33431		Country FL
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For ☐ Not Applicable
6. Name and Address of Current Registered Agent BRUTON REGISTERED AGENTS INC. 4710 NW 2ND AVE., STE. 101 BOCA RATON, FL 33431		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 _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when amending) DATE		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCFADYEN, RONALD TEMPLE BLDG. LEEWARD HWY BRITISH W INDIES. ☒ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Kurt Jeppesen c/o 47 Cardico Drive, Box Gormley ON Canada L0H 1G0 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, without other like empowered.		
SIGNATURE:  Feb 6 / 2003		
SIGNATURE AND OFFICIAL PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2E034 (10/02)

279