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	Mailing Address
C/O RON MCFADYEN TEMPLE TRUST CO LTD PO BOX 228 LEEWARD HWY PROV. TURK&CAICOS ISLANDS, WI	C/O RON MCFADYEN TEMPLE TRUST CO LTD PO BOX 228 LEEWARD HWY PROV. TURK&CAICOS ISLANDS, WI

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
C/O 4710 NW 2 Ave.	C/O 4710 NW 2 Ave.
Suite, Apt. #, etc.: #101	Suite, Apt. #, etc.: #101
City & State: Boca Raton FL	City & State: Boca Raton FL
Zip: 33431 Country:	Zip: 33431 Country:

4. FEI Number 65-1000925 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00 After May 1, 2003 Fee will be $550.00 Make Check Payable to Florida Department of State

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	PD ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	MCFAYDEN, RONALD	NAME	
STREET ADDRESS	TEMPLE BLDG. LEEWARD HWY	STREET ADDRESS	
CITY-ST-ZIP	BRITISH W INDIES,	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	PD ☐ Change ☒ Addition
NAME		NAME	Kurt Jeppesen
STREET ADDRESS		STREET ADDRESS	c/o 47 Cardico Drive, Box 279
CITY-ST-ZIP		CITY-ST-ZIP	Gormley ON Canada L0H 1G0
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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: [signature] Feb 6 / 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #