2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other

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SIGNATURE:

Nike empowered.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

unson

Mar 06, 2001 8:00 am Secretary of State DOCUMENT # P99000068646 1. Entity Name SUN-ROBIN SALES, INC. 03-06-2001 90293 049 ***150.00 Principal Place of Business Mailing Address 5806 WIRE GRASS TRAIL 5806 WIRE GRASS TRAIL VALRICO FL 33594 VALRICO FL 33594 00030940 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI.Number 59-3590279 City & State City & State ... Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) ☐ Delete D Change TITLE TITLE ROBINSON, MARK E. ROBINSON, JAMES E NAME NAME 121 Ticondenoga # F Westerwille, OHIO 43081 STREET ADDRESS STREET ADDRESS 5806 WIRE GRASS TRAIL CITY-ST-7IP VALRICO FL 33594 CITY-ST-7IP ___ Change VSD Addition TITLE ☐ Delete TITLE ROBINSON, DAVID J. ROBINSON, PATRICIA J NAME NAME 5726 TANGER LAKE Road STREET ADDRESS 5806 WIRE GRASS TRAIL STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Valrico fl 33594 ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ 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 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

March Z, 2001

FILED