2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WERNER UNTRIESSER, President

Mar 01, 2001 8:00 am Secretary of State DOCUMENT # **P99000077643** SUNWALK, INC. 03-01-2001 90031 016 ***150.00 Principal Place of Business Mailing Address 46 N. WASHINGTON BOULEVARD. #1 46 N. WASHINGTON BOULEVARD. #1 SARASOTA FL 34236 SARASOTA FL 34236 Principal Place of Business 5317 FRUITVILLE ROAD 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #182 Applied For City & State City & State 4. FEI Number 65-0946699 SARASOTA, FL Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 34232 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PATTERSON, JOHN Street Address (P.O. Box Number is Not Acceptable) 46 N. WASHINGTON BOULEVARD, #1 SARASOTA FL 34236 City Zip Code FL 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 agont 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPST CR2E034 (10/00) Addition TITLE TITLE Change ☐ Delete UNTRIESTER, WERNER NAME NAME STREET ADDRESS 4130 CENTRAL SARASOTA PKWY STREET ADDRESS 5317 FRUITVILLE ROAD, #182 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34238 SARASOTA, FLORIDA 34232 ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE Delete TITLE 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 changed, or on an attachment with an address, with all other like empowered.

(941)

378-8932

Daytime Phone #

FILED