

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


**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90093 002 \*\*\*158.75

0448073 AV

**DOCUMENT # P99000095386**

1. Entity Name  
**SUNSATIONAL CHARTERS, INC.**



Principal Place of Business  
**6505 DOLPHIN COVE DRIVE  
APOLLO BEACH FL 33572**

Mailing Address  
**6505 DOLPHIN COVE DRIVE  
APOLLO BEACH FL 33572**



2. Principal Place of Business  
**7517 REGENTS GARDENWAY**

3. Mailing Address  
**SAME**

City & State  
**APOLLO BEACH, FL**

City & State  
**SAME**

Zip  
**33572**

Country  
**USA**

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3608241**

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

6. Name and Address of Current Registered Agent

**CLICK, SANDRA**  
**6505 DOLPHIN COVE DRIVE**  
**APOLLO BEACH FL 33572**

7. Name and Address of New Registered Agent

Name **CLICK, SANDRA**

Street Address (P.O. Box Number is Not Acceptable)  
**7517 REGENTS GARDENWAY**

City **APOLLO BEACH** FL Zip Code **33572**

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 *Sandra L. Click* DATE 4/8/2003

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**  
**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD S CLICK, WILLIAM L 6505 DOLPHIN COVE DR APOLLO BEACH FL 33572	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT CLICK, SANDRA L 6505 DOLPHIN COVE DR APOLLO BEACH FL 33572	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *William L. Click* **WILLIAM L. CLICK** DATE 04/08/03 (813) 941-3447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)