

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90214 050 ***158.75

0698941

DOCUMENT # P99000101451

1. Entity Name

SUNBRITE PROPERTY SERVICES, INC.

Principal Place of Business

Mailing Address

237 NEW MEXICO LN.
 DAVENPORT FL 33837

PO BOX 664
 LOUGHMAN FL 33858-0664

2. Principal Place of Business

3. Mailing Address

237 New Mexico LN

P.O. Box 664

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVENPORT FL

City & State

LOUGHMAN FL

Zip

33837

Country

USA

Zip

33858-0664

Country

USA

4. FEI Number

59-3618267

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SALVEMINI, LOUIS
 237 NEW MEXICO LN.
 DAVENPORT FL 33837

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.

SIGNATURE Louis Salvemini - President - [Signature] 1/14/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D President ☐ Delete
 NAME SALVEMINI, LOUIS
 STREET ADDRESS 237 NEW MEXICO LN.
 CITY-ST-ZIP DAVENPORT FL 33837

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D VICE President ☐ Delete
 NAME SALVEMINI, FRANCES A
 STREET ADDRESS 237 NEW MEXICO LN.
 CITY-ST-ZIP DAVENPORT FL 33837

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
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 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

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 an other like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/01 863-420-2952

CR2E034 (10/00)