

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90650 030 ***150.00

DOCUMENT # P99000101451

1. Entity Name
SUNBRITE PROPERTY SERVICES, INC.



Principal Place of Business
**237 NEW MEXICO LN.
DAVENPORT FL 33837**

Mailing Address
**PO BOX 664
LOUGHMAN FL 33858-0664**

70043171



mailing address change only
 CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 135004

Suite, Apt. #, etc.

City & State
Clermont FL

Zip Country
34713-5004 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

**SALVEMINI, LOUIS
237 NEW MEXICO LN.
DAVENPORT FL 33837**

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 _____ DATE _____
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	P	<input type="checkbox"/> Delete
NAME	SALVEMINI, LOUIS	
STREET ADDRESS	237 NEW MEXICO LN.	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE	MP	<input type="checkbox"/> Delete
NAME	SALVEMINI, FRANCES A	
STREET ADDRESS	237 NEW MEXICO LN.	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *Louis Salvemini* **Louis SALVEMINI** 4-15-03 863-420-2952

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

CR2E034 (10/02)