

**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

3. Mailing Address

P.O. Box 135004

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Clermont FL

4. FEI Number **59-3618267**

Applied For

Not Applicable

Zip

Country

Zip

Country

34713-5004 USA

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **\$5.00 May Be Added to Fees**

Trust Fund Contribution

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED 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)