

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000102799**

1. Entity Name
SUNLOVER SERVICES, INC.

Principal Place of Business
**3737 EL JOBEAN ROAD
PORT CHARLOTTE FL 33953**

Mailing Address
**3737 EL JOBEAN ROAD
PORT CHARLOTTE FL 33953**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number **65-0973417**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHOEPFER, RICHARD C
3737 EL JOBEAN ROAD
PORT CHARLOTTE FL 33953**

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.

SIGNATURE

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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**
NAME **SCHOEPFER, RICHARD C**
STREET ADDRESS **3737 EL JOBEAN ROAD**
CITY-ST-ZIP **PORT CHARLOTTE FL 33953**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

**2000004618942
-10/01/01--01092--018**

CRE00475/013

TITLE **D**
NAME **SCHOEPFER, THERESA C**
STREET ADDRESS **3737 EL JOBEAN ROAD**
CITY-ST-ZIP **PORT CHARLOTTE FL 33953**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

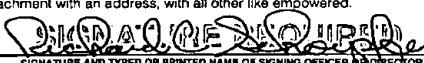
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

SP

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.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/4/01 941-624-3360
Date Daytime Phone #

Sept 7, 2001

Attachment pg 2 of 2
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77523

I called the phone number on this form today to ask why the fee was so much. I was told I should have received the first form and the fee was \$78.75. I did not receive the first form. I was told to send in a check for \$78.75 with this form.

Thank You
Richard C. Schaeffer