

2001 UNIFORM BUSINESS REPORT (UBR)

9/12/01-90008-020-\$78.75-\$78.75

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 25 AM 10:51

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0973417

Applied For
Not Applicable

Zip

Country

Zip

Country

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

SCHOEPPER, RICHARD C
3737 EL JOBEAN ROAD
PORT CHARLOTTE FL 33953

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 SCHOEPPER, 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

200004618942-
-10/01/01--01092--018
*****71-25 *****71-25

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

☐ Delete

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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 all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

SP

012003/013

Sept 7, 2001

Attachment
Doc# P99058102799
775231799

pg 2 of 2

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 Schoepfer