

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

0527276 AV

DOCUMENT # P99000102799

1. Entity Name
SUNLOVER SERVICES, INC.



04-14-2003 90770 015 ***150.00

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

9692 Singer Circle
Suite, Apt. #, etc.

3. Mailing Address

9692 Singer Circle
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Port Charlotte FL

City & State
Port Charlotte FL

4. FEI Number 65-0973417

Applied For
Not Applicable

Zip Country
33981 USA

Zip Country
33981 USA

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~~ 9692 Singer Circle
~~PORT CHARLOTTE FL 33953~~ Port Charlotte FL
33981

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

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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME SCHOEPPER, RICHARD C 9692 Singer Circle
STREET ADDRESS ~~3737 EL JOBEAN ROAD~~ Port Charlotte
CITY-ST-ZIP ~~PORT CHARLOTTE FL 33953~~ FL, 33981

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

TITLE D ☐ Delete
NAME SCHOEPPER, THERESA C 9692 Singer Circle
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TITLE ☐ Change ☐ Addition
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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:

Richard C Schoepfer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/03 941-828-8841
Date Daytime Phone #

CR2E034 (10/02)