2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V70400

1. Entity Name

SUNSTREAM REALTY, INC.

FILED
May 08, 2000 8:00 am
Secretary of State
05-08-2000 90047 029 ***150.00

Principal Place of Business	Mailing Address
6640 ESTERO BLVD. FORT MYERS BEACH FL 33931	6640 ESTERO BLVD. FORT MYERS BEACH FL 33931-4512

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 6620 Estero Blvd	Suite, Apt. #, etc.: 6620 Estero Blvd
City & State: Ft Myers Beach FL	City & State: Ft. Myers Beach FL
Zip: 33931 Country:	Zip: 33931 Country:

4. FEI Number 65-0372550 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MONSRUD, MARY ANNE
6640 ESTERO BLVD
SUITE B
FORT MYERS BEACH FL 33931

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 6620 Estero Blvd.

City: Ft. Myers Beach FL Zip Code: 33931

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: Mary Anne Monsrud 4/19/00
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 $150.00
After MAY 1, 2000 Fee will be $550.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D SWANSON, ROBERT J. 1303 S. FRONTAGE RD #11 HASTINGS MN	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT LAWRENCE, DAVID A. 1303 S. FRONTAGE RD #11 HASTINGS MN	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVT FLUEGEL, DONALD J. 1303 S. FRONTAGE RD., #5 HASTINGS MN	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS VOGEL, JAMES D. 3936 TAMIAMI TRAIL N. STE. D NAPLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVT MONSRUD, MARY ANNE 6640 ESTERO BLVD. FT. MYERS BCH. FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAWRENCE, PAUL W. 1303 S. FRONTAGE RD., #11 HASTINGS MN	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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: David A. Lawrence April 24, 2000 954-437-8990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #