2001 UNIFORM BUSINESS REPORT (UBR) Amended

DOCUMENT # V72957

1. Entity Name
SUN-UP BUILDERS, INC.

FILED
01 DEC -5 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
9070 Somerset Ln. Bonita Springs, Fl. 34135	same

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	9070 Somerset Ln. Suite, Apt. #, etc.
City & State: Bonita Springs, Fl	City & State
Zip: 34135 Country: USA	Zip Country

4. FEI Number: 65-0366548 ☐ Applied For ☐ Not Applicable

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
David G. Loach 9070 Somerset Lane Bonita Springs, Fl. 34135	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: David G. Loach David G. Loach 10-22-01
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, 2001 Fee will be $538.90
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	Secretary Susan Loach 9070 Somerset Ln Bonita Spgs, Fl. 34135	☐ Delete	PRESIDENT DAVID G. LOACH 9070 Somerset Ln. Bonita Springs, Fl. 34135	☐ Change ☒ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete	800004745638--1 -12/31/01--01085--026 *****61.25 *****61.25	☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition

CR2E034 (11/00)

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: Susan E Loach Susan E. Loach Secretary 10/19/01 (941) 947-2872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #