

**UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90066 039 \*\*\*150.00

**DOCUMENT # M17386**

1. Entity Name  
**SUNBELT CORPORATE CENTER II, INC.**

Principal Place of Business <b>220 CONGRESS PARK DR          SUITE 215          DELRAY BEACH FL 33445          US</b>	Mailing Address <b>220 CONGRESS PARK DRIVE          SUITE 215          DELRAY BEACH FL 33445          US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2547124</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
**JOHNSTON, SHEPHERD D.  
 220 CONGRESS PARK DR., STE 215  
 DELRAY BEACH FL 33445**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MANN, HUGO</b> <b>220 CONGRESS PK DR #215</b> <b>DELRAY BEACH FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>JOHNSTON, SHEPHERD D</b> <b>220 CONGRESS PARK DR 215</b> <b>DELRAY BEACH FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>FALVEY, STEPHEN T</b> <b>220 CONGRESS PK DR #215</b> <b>DELRAY BEACH FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCP</b> <b>JOHNSTON, SHEPHERD D.</b> <b>220 CONGRESS PK DR #215</b> <b>DELRAY BEACH FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FIRNGES, HANS</b> <b>220 CONGRESS PK DR #215</b> <b>DELRAY BCH. FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>FALVEY, STEPHEN J.</b> <b>23249 LAGO MAR CIRCLE</b> <b>BOCA RATON FL</b> <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOHANNES MANN</b> <b>220 CONGRESS PARK DR, #215</b> <b>DELRAY BEACH, FL 33445</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RICHARD M. REEVES</b> <b>220 CONGRESS PARK DR, #215</b> <b>DELRAY BEACH, FL 33445</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SR VP, ASST. SEC</b> <b>STEPHEN T. FALVEY</b> <b>220 CONGRESS PARK DR, #215</b> <b>DELRAY BEACH, FL 33445</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SR VP, S</b> <b>JOHN M SPEAR</b> <b>220 CONGRESS PARK DR, SUITE 215</b> <b>DELRAY BEACH, FL 33445</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Stephen T. Falvey 1/24/01 561-265-1300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E034 (10/00)