

FILED
Mar 12, 2002 8:00 am
Secretary of State

02-04-2002 90039 019 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

| | |
|--|---------------|
| DOCUMENT # | M17386 |
| 1. Entity Name SUNBELT CORPORATE CENTER II, INC. | |

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|---|--|
| Principal Place of Business 220 CONGRESS PARK DR SUITE 215 DELRAY BEACH FL 33445 US | Mailing Address 220 CONGRESS PARK DRIVE SUITE 215 DELRAY BEACH FL 33445 US |
|---|--|



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |

| | | |
|------------------------------------|---|--|
| 4. FEI Number 59-2547124 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
|------------------------------------|---|--|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

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| 8. Name and Address of Current Registered Agent JOHNSTON, SHEPHERD D. 220 CONGRESS PARK DR., STE 215 DELRAY BEACH FL 33445 |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 *Stephen T. Falvey* 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.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 D MANN, HUGO STREET ADDRESS 220 CONGRESS PK DR #215 CITY-ST-ZIP DELRAY BEACH FL | <input type="checkbox"/> Delete |
| TITLE NAME PD JOHNSTON, SHEPHERD D STREET ADDRESS 220 CONGRESS PARK DR 215 CITY-ST-ZIP DELRAY BEACH FL | <input type="checkbox"/> Delete |
| TITLE NAME V FALVEY, STEPHEN T STREET ADDRESS 220 CONGRESS PK DR #215 CITY-ST-ZIP DELRAY BEACH FL | <input type="checkbox"/> Delete |
| TITLE NAME D MANN, JOHANNES STREET ADDRESS 220 CONGRESS PK DR #215 CITY-ST-ZIP DELRAY BEACH FL 33445 | <input type="checkbox"/> Delete |
| TITLE NAME D FIRNGES, HANS STREET ADDRESS 220 CONGRESS PK DR #215 CITY-ST-ZIP DELRAY BCH. FL | <input type="checkbox"/> Delete |
| TITLE NAME D REEVES, RICHARD M STREET ADDRESS 200 CONGRESS PARK DRIVE # 215 CITY-ST-ZIP DELRAY BEACH FL 33445 | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME D ULRICH D ZIETEMANN STREET ADDRESS 220 CONGRESS PARK DR STE 215 CITY-ST-ZIP DELRAY BEACH, FL 33445 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STEPHEN T FALVEY STREET ADDRESS 220 CONGRESS PK DR #215 CITY-ST-ZIP DELRAY BEACH, FL 33445 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input 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)(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 empowerments.

SIGNATURE: *Stephen T. Falvey* **SIGNATURE REQUIRED** Date *2/22/02* Daytime Phone # *561-265-1300*

CR2E034 (9/01)