

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 16, 2002 8:00 am
Secretary of State

06-16-2002 90692 013 ***150.00

DOCUMENT # 213898

1. Entity Name
Sun Art Painting Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1966 W. 9th St., Ste. A
Suite, Apt. #, etc.

3. Mailing Address
1966 W. 9th St., Ste. A
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Riviera Beach, FL
Zip
33404 Country
USA

City & State
Riviera Beach, FL
Zip
33404 Country
USA

4. FEI Number
59-0840905 Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Wells, Eric L.
Street Address (P.O. Box Number is Not Acceptable)
1966 W. 9th St., Ste. A
City
Riviera Beach FL Zip 33404

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

Eric L. Wells

Eric L. Wells, President

06/10/02

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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	PD WELLS, ERIC L. 11131 OAKWAY CIRCLE PALM BEACH GARDENS, FL 33410	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LAMBERT, TOM 1966 W. 9th ST., STE A RIVIERA BEACH, FL 33404	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MCNEIL, MARIE 1966 W. 9th ST., STE A RIVIERA BEACH, FL 33404	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address with all other like empowered.

SIGNATURE:

Eric L. Wells

Eric L. Wells, President

6/10/02 561-842-2455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

213878 / 8691033

(561) 842-2455
(561) 881-8358 FAX

1966 W. 9th Street, Suite A
Riviera Beach, FL 33404-6428



Sun Art Painting Corp.

June 10, 2002

Uniform Business Report
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir:

Enclosed is the Uniform Business Report for Sun Art Painting Corporation. The company was sold to me, Eric L. Wells, on April 1, 2002. I did not receive the Uniform Business Report Form until May 30, 2002, and therefore could not send in the amount due by the May 1, 2002 date. Please accept the enclosed check for \$150.00.

Thank you for your consideration and help.

Sincerely,

A handwritten signature in cursive script that reads "Eric L. Wells".

Eric L. Wells
President

ELW:mmm
enc.

MAY 30 2002 11:24AM DELEO & COMPANY FAX (850) 394-9301
2002 UNIFORM BUSINESS REPORT (UBR)

Attachment

AV 081158C

DOCUMENT # 213898
 1. Entity Name
SUN ART PAINTING CORPORATION

old *869035*

Principal Place of Business: **C/O ROBERT L CUSUMANO 1966 W. 9TH ST. STE A RIVERA BCH. FL 33404**
 Mailing Address: **C/O ROBERT L CUSUMANO 1966 W. 9TH ST. STE A RIVERA BCH. FL 33404**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt #, etc.
 3. Mailing Address: Suite, Apt #, etc.
 City & State
 Zip Country

4. FEI Number **59-0840905** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CUSUMANO, ROBERT L 1966 W. 9TH ST. STE A RIVERA BCH. FL 33404
old owner

7. Name and Address of New Registered Agent
 Name: **Wells, Eric L.**
 Street Address (P.O. Box Number is Not Acceptable): **1966 W. 9th St., Ste A**
 City: **Riviera Beach, FL 33404** Zip Code: **FL**

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: _____

9. The corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$100.00
 After May 1, 2002 Fee will be \$600.00
 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-STATE-ZIP	STD BUCHANAN, WANDA S. 6211 NEEDLES DRIVE PALM BCH GARDENS FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD CUSUMANO, ROBERT L. 6642 141ST STREET N. LAKE PARK FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V LAMBERT, TOM 1966 W. 9TH ST RIVERA BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD Wells, Eric L. 11131 Oakway Circle Palm Beach Gardens, FL 33410 <input type="checkbox"/> Delete <i>New owner</i>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S McNeil, Marie 1966 W. 9th Street Riviera Beach, FL 33404 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-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 807, 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: Eric L. Wells, President 06/07/02 561-842-2455
 SIGNATURE AND TYPE OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR

CR20004 (6/01)