

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

M11057 AV

DOCUMENT # 400889

1. Entity Name
FLORIDA SUN CONTROL PRODUCTS, INC

02-26-2002 90162 025 ***150.00

| | |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Principal Place of Business 932 ORANGE AVE DAYTONA BEACH FL 32114 US | Mailing Address 932 ORANGE AVE DAYTONA BEACH FL 32114 US |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|



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

DO NOT WRITE IN THIS SPACE

4. FEI Number: **59-1397207** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**GOBER, JOS R
 549 TARRAGONA WAY
 DAYTONA BEACH FL 32014**

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 _____ (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.

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 <input type="checkbox"/> Delete NAME P BAILEY, SANDRA STREET ADDRESS 4570 ALDER DRIVE CITY-ST-ZIP DAYTONA BEACH FL | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE <input type="checkbox"/> Delete NAME S GOBER, ESTHER L STREET ADDRESS 549 TARRAGONA WAY CITY-ST-ZIP DAYTONA BEACH FL | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE <input type="checkbox"/> Delete NAME VP GOBER, JOSEPH R STREET ADDRESS 549 TARRAGONA WAY CITY-ST-ZIP DAYTONA BEACH FL | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| TITLE <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE <input type="checkbox"/> Delete 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 empowered.

SIGNATURE: _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (9/01)