2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# H23475

1. Entity Name

SUN NUCLEAR CORP.



FILED Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90092 023 ***150.00

Suite, Apt. #, etc City & State Country S. Certificate of Status Desired S. R.75 Additional Fee Required Fee Required Fee Required Fee Required 7. Name and Address of New Registered Agent Name StMON, WILLIAM E. 425 A PINEDA CT MELBOURNE FI. 32935 City FL Zip Code Address of registered agent. File NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Fayable to Floridad Department of State DPCS SIMON, WILLIAM E. City FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Fayable to Floridad Department of State DPCS SIMON, WILLIAM E. City C	Principal Place of Business 425-A PINEDA CT MELBOURNE FL 32940		Mailing Address 425-A PINEDA CT MELBOURNE FL 32940				70011825				
City & State City & State Desired Set Required Set Required Set Required Fee Required Fee Required Street Address of Number is Not Acceptable) City FL Zip Code City FL City City FL City FL City FL City FL City FL City FL City City FL City FL City City FL City FL City City FL City City City FL City FL City City City FL City City City City FL City Cit	2. Principal f	Place of Business	3. Mailing Address								
Zip Country	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
SMON, WILLIAM E. 425-A PINEDA CT MELBOURNE FL 32935 8. The above named entity submits this statement for the purpose of changing its registered Agent sort of registered agent. or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee with 19 \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS AND DIRECTORS TO STREET ADDRESS SIMON, WILLIAM E. 12 Ip Code 13 In ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS AND DIRECTORS TO STREET ADDRESS SIMON, WILLIAM E. 14 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS AND DIRECTORS TO STREET ADDRESS SIMON, WILLIAM E. 15 In ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS AND DIRECTORS TO STREET ADDRESS SIMON, WILLIAM E. 16 In ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS AND DIRECTORS TO STREET ADDRESS SIMON, WILLIAM E. 17 IN ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS AND DIRECTORS TO STREET ADDRESS SIMON, WILLIAM E. 18 IN ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TO STREET ADDRESS SIMON, WILLIAM E. 18 IN ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TO STREET ADDRESS SIMON, WILLIAM E. 18 IN ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TO STREET ADDRESS SIMON, WILLIAM E. 18 IN ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TO STREET ADDRESS SIMON, WILLIAM E. 18 IN ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TO STREET ADDRESS SIMON ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TO STREET ADDRESS SIMON ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TO STREET ADDRESS SIMON ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TO STREET ADDRESS SIMON ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TO STREET ADDRESS SIMON ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TO STREET ADDRESS SIMON ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TO THE STREET ADDRESS SIMON ADDITIONS/CHANGES TO THE STREET ADDRESS SIMON ADDITIONS/CHANGES TO THE STREET ADDRESS SIMON ADDI	City & Stat	е	City & State		4.						
SIMON, WILLIAM E. 425-A PINEDA CT MELBOURNE FL 32935 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accomplications of registered agent. SIGNATURE SIGNATURE SIGNATURE SUBMANE, Speak to printed name of inginated agent and life if applicable (NOTE: Registered Agent signature required when remainshing) PLE EVENT FLE NOW!!! FEE IS \$150.00 Make Check Payable to Florida Department of State OPFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPCS SIMON, WILLIAM E. SIRECT ADDRESS SIMON, WILLIAM E. WARE SIRECT ADDRESS SI	Zip	Country Zip Cou			ry	5. (Certificate of Status Desired		8.75 Ac	Iditional	
SIMON, WILLIAM E. 425-A PINEDA CT MELBOURNE FL 32935 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. I am familiar with, and accompany to registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT. ITILE MAME SIMON, WILLIAM E. SIMON		6. Name and Address of Current	t Registered Agent	istered Agent							
A25-A PINEDA CT MELBOURNE FL 32935 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. I am familiar with, and acc the obligations of registered agent. SIGNATURE Signature Signature	;				Name			<u>_</u>			
### City ### Zip Code 6. 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. I am familiar with, and acc the obligations of registered agent. ### Signature Type or printed name of registered agent and title it applicable. ### Way 1, 2003 Fee will be \$55.0.00 ### Added to Fees ### Added to	•			Street Addre	fress (P.O. Box Number is Not Acceptable)						
B. 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. I am familiar with, and acc the obligations of registered agent. SIGNATURE Signature, typed or priced name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	_			ł							
SIGNATURE Signature Signa					City		· · · · · · · · · · · · · · · · · · ·	FL	Zip Cod	ie	
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE WAME STREET ADDRESS CITY-ST-ZIP 11/LE WAME STREET ADDRESS CITY-ST-ZIP 11/LE WAME MELBOURNE FL 32934 11/LE WAME STREET ADDRESS CITY-ST-ZIP 11/LE WAME MELBOURNE FL 32934 11/LE WAME MELBOURNE FL 32934 11/LE WAME STREET ADDRESS CITY-ST-ZIP 11/LE WAME MELBOURNE FL 32934 11/LE WAME STREET ADDRESS CITY-ST-ZIP 11/LE WAME STREET ADDRESS CITY-ST-ZIP WAME STREE	the obligati SIGNATURE _	ions of registered agent.			·				l niliar with	and accept	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.		Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered	Agent signature red	quired when re	instating)	DATE			
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SIMON, WILLIAM E 4282 TURTLE MOUND RD MELBOURNE FL 32934 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGE Additional Change Chang	NAME STREET ADDRESS	SIMON, WILLIAM E. 4282 TURTLE MOUND RD	□ Delete	NAME STREE	T ADDRESS				□ Change	☐ Addition	
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AME AME TREET ADDRESS ITY-ST-ZIP 2. 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 in two and research and the transfer and the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report in two and research and the transfer and the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report in two and research and the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report or supplemental report in two and research and the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report or supplemental report in two and research and the exemption stated in Section 119.07(3)(ii), Florida Statutes.	AME TREET ADDRESS ITY-ST-ZIP			NAME STREET CITY-S	T-ZIP	0			•	Addition	

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 🗷

GRE REQUIRWINIAM E. SIMON YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03 Date

321-259-6862