CR2E034 (9/01)

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

Mar 07, 2002 8:00 am DOCUMENT # J72156 **Secretary of State** 1. Entity Name 03-07-2002 90050 011 ***150.00 SUN PROOF CORPORATION OF FLORIDA Principal Place of Business Mailing Address 1009 COURT ST 1009 COURT ST CLEARWATER FL 33756 **CLEARWATER FL 33756** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2770964 Not Applicable Zip -Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THOMPSON, GAIL M. Street Address (P.O. Box Number is Not Acceptable) 1009 COURT ST **CLEARWATER FL 33756** City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE ☐ Change ☐ Addition TITLE ☐ Delete THOMPSON, GAIL M. NAME NAME 1009 COURT ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER FL CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SMITH, ROBERT M. NAME STREET ADDRESS 1009 COURT ST STREET ADDRESS CITY-ST-ZIP CLEARWATER FL CITY-ST-ZIP -TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME THOMPSON, RICHARD T. NAME STREET ADDRESS STREET ADDRESS 1009 COURT ST CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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