2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J72156

1. Entity Name

SUN PROOF CORPORATION OF FLORIDA



FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 91037 033 ***150.00

Principal Place of Business 1009 COURT ST CLEARWATER FL 33756 2. Principal Place of Business		Mailing Address 1009 COURT ST CLEARWATER FL 33756 US							
		3. Mailing Address			T (EBRITS SIX) 19810 11881 SIXID SIXID SIXID SIXID SIXIX				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 59-2770964			oplied For ot Applicable	}
Zip	Country Zip		Country	у			88.75 Add ee Require	.75 Additional Required	
	6. Name and Address of Current	Registered Agent			7. Name and Address	of New Registered A	gent]
			-	Name	-	-	•		1
THOMPSO 1009 COL	DN, GAIL M. IRT ST			Street Address	(P.O. Box Number is Not A	D. Box Number is Not Acceptable)			
CLEARWA	TER FL 33756								
	•			City		FL	Zip Cod	e	
	named entity submits this statement folions of registered agent.	r the purpose of changin	g its registered	office or registe	ered agent, or both, in the	State of Florida. I am fa	amiliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registered A	Agent signature require	d when reinstating)	DATE			
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department or	' State		·	9. Election Cal Trust Fund (mpaign Financing Contribution.		0 May Be I to Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGE	S TO OFFICERS AND	DIRECTOR	S IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, GAIL M. 1009 COURT ST CLEARWATER FL	☐ Delete	TITLE NAME	ADDRESS T-ZIP			Change	Addition	(00/01/ 1000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, ROBERT M. 1009 COURT ST CLEARWATER FL	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			Change	Addition	000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D - THOMPSON, RICHARD T. 1009 COURT ST CLEARWATER FL	- Delete	NAME	ADDRESS T-ZIP	S-11-11 11 11	• 25	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 '	☐ Delete	TITLE NAME STREET CITY-S	ADORESS T-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY_ST_7IP		Delete		ADDRESS			Change ·	☐ Addition	
CITY-ST-ZIP			CITY-S	T-ZIP					,

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE NAME

STREET ADDRESS

SIGNATURE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Defete

Apr 18, 2003 727 446-173

Change

Addition

CR2E034 (10/02