

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90181 041 ***150.00

DOCUMENT # K18773

1. Entity Name
SUNKISSED ENTERPRISES, INC.

Principal Place of Business
1223 HERCULES AVE.
CLEARWATER FL 34625
US

Mailing Address
1223-A N. HERCULES AVE.
CLEARWATER FL 33765
US



2. Principal Place of Business
1223A N. HERCULES AVE

3. Mailing Address
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CLEARWATER FL

City & State

4. FEI Number **59-2882121**

Applied For
 Not Applicable

Zip
33765

Country
FLORIDA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THACKER, O. STEPHEN
407 S. EWING AVENUE
CLEARWATER FL

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 _____
 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) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PARKS, ROSEMARY 1957 RIPIN DR. CLEARWATER FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKS, ROBERT 1957 RIPIN DR. CLEARWATER FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. PARKS, ROSEMARY 1957 RIPIN DR. CLEARWATER FL 33764	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DRES. PARKS, ROBERT 1957 RIPIN DR. CLEARWATER FL 33764	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02 **727-461-7547**
 Date Daytime Phone #

CR2E034 (9/01)