

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90445 029 ***150.00

DOCUMENT # 284825

1. Entity Name
SUN'N SEA INC



Principal Place of Business
**4651 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228-2101**

Mailing Address
**4651 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228-2101**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1056986**

Applied For

Not Applicable

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

**RICHARD D. SMITH
1515 RINGLING BLVD
STE 860
SARASOTA FL 34236**

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. I am familiar with, and accept the obligations of registered agent.

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

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	TD	LYBOULT, JAMES C	3604 CYPRESS LANE LAFAYETTE, IN 00000	<input type="checkbox"/>
	SD	BUTZ, WILLIAM P	10712 KESWICK STREET GARRETT PARK MD 20896	<input type="checkbox"/>
	D	DEEMER, JULIA COPE	5616 N. CENTRAL AVE. INDIANAPOLIS, IND 00000	<input type="checkbox"/>
	VD	GRAHAM, FREDERICK	1104 BRIAR ROAD MUNCIE, IND 00000	<input checked="" type="checkbox"/>
	D	TRUEBLOOD, MICHAEL J.	2413 RIVER OAK DR. LAFAYETTE IN	<input type="checkbox"/>
	PD	RUSH, STEPHEN M	P.O. BOX 933 LAFAYETTE IN 47902	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		1009 Trilian Lane		
	D			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	SD			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	VD	William Bloss	8811 Cholla Road Indianapolis, IN 46240	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-03 941-383-5588