

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

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90238 035 ***150.00

DOCUMENT # 394116

1. Entity Name
SUNPRESS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13032 HIGHWAY 301 SOUTH

3. Mailing Address
13032 HIGHWAY 301 SOUTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
DADE CITY, FL

City & State
DADE CITY, FL

4. FEI Number
59-1380369

Applied For
Not Applicable

Zip to Country
33525 US

Zip Country
33525 US

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
MATTHEW WILLIAM L.

Street Address (P.O. Box Number is Not Acceptable)
129 BUENA VISTA DRIVE

City DUNEDIN FL 34698

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when registering.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MATTHEW, WILLIAM L. 129 BUENA VISTA DRIVE DUNEDIN, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTHEW, TIMOTHY O 13714 WALBROOKE DR. TAMPA, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STORY III, CLEMENT 115 W. MAIN ST. LAFAYETTE LA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *William L. Matthew* WILLIAM L. MATTHEW
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-02

Date

Division Florida