

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 486948

1. Entity Name
SUN SPECIALISTS, INC.

Principal Place of Business

10107 CEDAR RUN
TAMPA FL 33619

Mailing Address

10107 CEDAR RUN
TAMPA FL 33619

FILED
Aug 20, 2001 8:00 am
Secretary of State

08-20-2001 90069 036 ***150.00

0087919 AV



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1632287

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

MOORE, CHARLES L
609 S SYLVAN DR.
BRANDON FL 33511

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	<input type="checkbox"/> Delete
PD	MOORE, CHARLES L	609 S SYLVAN DR	BRANDON FL	<input type="checkbox"/>
S	MOORE, JUDITH G.	609 S SYLVAN DR	BRANDON FL	<input type="checkbox"/>
D	MOORE, JUDITH G.	609 S SYLVAN DR	BRANDON FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

CHARLES L. MOORE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-24-01 813-3758

CR2E034 (5/01)

*Attachment
486948*

A0081965

**Sun Specialists, Inc.
Distributor of Hawaiian Tropic
10107 Cedar Run
Tampa, Florida 33619
813-681-3758 Fax 813-681-3759**

Division Of Corporations
Uniform Business Report Filings
Post Office Box 1500
Tallahassee, Florida 32302-1500

August 14, 2001

Attn: Department of State

I am writing in reference to the 2001 Uniform Business Report and the enclosed payment of one hundred fifty dollars (\$150.00).

According to all previous years records this notice had been received at the beginning of the year. At that time a discounted price was allowed.

I have no record of receiving the first notice which I would have taken advantage of the discounted price. Please except the enclosed payment of one hundred fifty dollars (\$150.00).

Also I would like to continue to receive the early notation.

Sincerely,

Jane M. Clifford

Jane M. Clifford
Bookkeeper

*Attachment
486948*

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