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

Mailing Address

1151 NORTHEAST CLEVELAND ST.

## DOCUMENT #

503088

1. Entity Name

SUNNE & LOCKE, P.A.

1151 NORTHEAST CLEVELAND ST.

Principal Place of Business

**SIGNATURE:** 

| CLEARWATER FL 33755<br>US  |  |  | CLEA<br>US   | CLEARWATER FL 33755<br>US |  |                                 |                          |  |                             |                       |                 |
|--|--|--|--------------|---------------------------|--|---------------------------------|--------------------------|--|-----------------------------|-----------------------|-----------------|
| 2. Principal Place of Business   |  |  | <b>3.</b> Ma | 3. Mailing Address        |  |                                 |                          |  |                             |                       |                 |
| Suite, Apt. #, etc.  |  |  | Suit         | Suite, Apt. #, etc.       |  |                                 |                          | ☐ CHECK HERE IF MAKING CHANGES   |                             |                       |                 |
| City & State   |  |  |              | & State                   |  | 4.                              | 50_1670176   <del></del> |  | pplied For<br>ot Applicable | ]                     |                 |
| Zip Country  |  |  | Zip          | Zip                       |  | Country                         |                          | Certificate of Status Desired  | \$8.75 Ad                   | ditional              | ]               |
| 6. Name and Address of Current Registered Agent  |  |  |              |                           |  |                                 | 7.                       | Name and Address of New Register   | ed Agent                    |                       | 1               |
| and the second s |  |  |              |                           |  | Name .                          |                          |  |                             |                       |                 |
| LOCKE,JOHN C.  |  |  |              |                           | Street Address (P.O. Box Number is Not Acceptable) |                                 |                          |  |                             |                       |                 |
|  | CLEVELANI<br>TER FL 346                                      |  |              |                           |  |                                 |                          |  |                             |                       |                 |
|  |  |  |              |                           |  | City                            |                          | FL Zip   |                             | le                    |                 |
| the obligat  | ions of registe  |  |              |                           |  | ed office or regis              |                          | gent, or both, in the State of Florida. I  | am familiar with,           | and accept            |                 |
|  | - Editor of typour   | . V  |              | 7                         | , , og , o, o , o                                  | o rigorii sigi alaisi isqo      |                          | J. J   |                             |                       | 1               |
| After  | May 1, 200   | FEE S \$150.00<br>3 Fee will be \$550.00<br>Florida Department o | f State      |                           |  |                                 |                          | Election Campaign Financing     Trust Fund Contribution.   |                             | 0 May Be<br>d to Fees |                 |
| 10.  | <u> </u>   | OFFICERS AND   | DIRECTO      | )BS                       | 11.  | •                               | ΑΓ                       | DDITIONS/CHANGES TO OFFICERS   | AND DIRECTOR                | S IN 11               | 1               |
| TITLE  | PD VE  | D A  |              | ☐ Delete TI<br>N.<br>S    |  | <b>I</b>                        |                          |  |                             | Addition              | 0/02)           |
| STREET ADDRESS   | Sunne,Kenneth A.<br>1151 N.E. Cleveland St.<br>Clearwater Fl |  |              |                           |  | NAME STREET ADDRESS CITY-ST-ZIP |                          |  |                             |                       | CR2E034 (10/02) |
| TITLE  | STD  |  |              | ☐ Delete                  | TITLI  | E                               |                          |  | Change                      | ☐ Addition            | CR2             |
| NAME   | LOCKE, JOHN C.   |  |              | NAN<br>                   |  | ſ                               |                          |  |                             |                       |                 |
|  | 1151 N.E. (<br>  CLEARWAT                                    | Cleveland St.<br>Er fl   |              |                           |  | ET ADDRESS<br>-ST-ZIP           |                          |  |                             |                       |                 |
| TITLE<br>NAME -  |  | يد مد بهجامید در او د  |              | ☐ Delete                  | TITLI  | - 1                             |                          | and the second s | ☐ Change                    | Addition              |                 |
| STREET ADDRESS   |  | ·  |              |                           |  | ET ADDRESS<br>- ST- ZIP         |                          |  | •                           |                       | }               |
| TITLE  |  |  |              | ☐ Delete                  | TITLE  |                                 |                          | ·  | Change                      | Addition              | •               |
| NAME   |  |  |              |                           | NAM  | Ε                               |                          |  |                             |                       |                 |
| STREET ADDRESS   |  |  |              |                           | STRE   | ET ADDRESS                      |                          |  |                             |                       |                 |
| CITY-ST-ZIP  |  |  |              |                           | CITY   | -ST-ZIP                         |                          |  |                             |                       | ]               |
| TITLE  |  |  |              | Delete .                  | TITLE  |                                 |                          |  | ☐ Change                    | ☐ Addition            |                 |
| NAME   |  |  |              |                           | NAM  | 1                               |                          |  | t                           |                       |                 |
| STREET ADDRESS   |  |  |              |                           |  | ET ADDRESS                      |                          |  |                             |                       |                 |
| CITY-ST-ZIP  | ,  |  |              |                           | CITY   | -ST-ZIP                         |                          |  |                             |                       | ]               |
| TITLE  |  |  |              | Delete                    | TITLE  | ı                               |                          |  | Change                      | ☐ Addition            |                 |
| NAME   |  |  |              |                           | NAM  | l l                             |                          |  |                             |                       |                 |
| STREET ADDRESS<br>CITY-ST-ZIP  |  |  |              |                           |  | ET ADDRESS<br>-ST-ZIP           |                          |  |                             |                       | }               |
| 0111-01-71C  |  |  |              |                           | UIIY   | -31-71L                         |                          |  |                             |                       | 1               |

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.

**FILED** 

Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90153 035 \*\*\*150.00

allachment

SUNNE & LOCKE, P. A.

ATTORNEYS AT LAW 1151 N.E. CLEVELAND STREET CLEARWATER, FLORIDA 33755 700345ldp

KENNETH A. SUNNE JOHN C. LOCKE TELEPHONE (727) 461-3100 FAX 441-9007

EMAIL: sunnlock@tampabay.rr.com

April 4, 2003

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, Florida 32302-1500

Re: 2003 Uniform Business Report

Greetings:

Enclosed please find our firms completed 2003 Uniform Business Report. Also enclosed is our firms check in the amount of \$150.00, the cost of the filing fee.

Should you require any changes to the above-referenced documents, please contact me.

Very truly yours,

KAS/rgs Enclosures

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