

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90355 029 \*\*\*150.00

0545693 AV

**DOCUMENT # 520582**

1. Entity Name  
**SUNSTYLE HOMES CORPORATION**

Principal Place of Business  
**36460 US 19 N**  
**PALM HARBOR FL 34684**  
**US**

Mailing Address  
**36460 US 19 N**  
**PALM HARBOR FL 34684**  
**US**

**B0054172**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**4900 CREEKSIDE DRIVE**

3. Mailing Address  
**4900 CREEKSIDE DRIVE**

Suite, Apt. #, etc.  
**"H"**

Suite, Apt. #, etc.  
**"H"**

City & State  
**CLEARWATER, FL**

City & State  
**CLEARWATER, FL**

4. FEI Number **59-1707120**

Applied For  
 Not Applicable

Zip Country  
**33760 U.S.A.**

Zip Country  
**33760 U.S.A.**

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

**6. Name and Address of Current Registered Agent**

**QUARTETTI, RALPH W**  
**36460 US 19 N**  
**PALM HARBOR FL 34684**

**7. Name and Address of New Registered Agent**

Name  
**QUARTETTI, RALPH W**

Street Address (P.O. Box Number is Not Acceptable)  
**4900 CREEKSIDE DRIVE, SUITE H**

City **CLEARWATER, FL** Zip Code **33760**

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 \_\_\_\_\_ (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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUARTETTI, RALPH, W 36460 US 19 N PALM HARBOR FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUARTETTI, RALPH W 4900 CREEKSIDE DRIVE SUITE H CLEARWATER, FL 33760	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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, name or other like empowered.

**SIGNATURE:** **RALPH QUARTETTI-PRESIDENT** **3/4/02** **(727) 592-0289**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)