

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

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91526 017 \*\*\*150.00

**DOCUMENT #**

**1. Entity Name**

SUN CONTRACTING, INC.

548772 ✓

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

1515 57TH AVE E

Suite, Apt. #, etc.

**3. Mailing Address**

1515 57TH AVE E

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
BRADENTON, FL

City & State  
BRADENTON, FL

**4. FEI Number**  
59-1782204

Applied For

Not Applicable

Zip  
34208

Country

USA

Zip  
34208

Country

USA

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

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

Name  
PATRICIA SUNQUIST

Street Address (P.O. Box Number is Not Acceptable)  
1204 60TH AVENUE WEST

City  
BRADENTON, FL

City  
BRADENTON

FL 34207

**DO NOT WRITE  
IN THIS SPACE**

**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)** ☐

**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  
PRESIDENT  
HARLAN R SUNQUIST, SR.  
4760 STONERIDGE TRAIL  
SARASOTA, FL 34232

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SEC/TREAS.  
PATRICIA SUNQUIST  
4760 STONERIDGE TRAIL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02

Date

941-739-2757

Daytime Phone #

CR2E034B (12/01)