

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2001 08:00 AM**
Secretary of State**DOCUMENT # 674939**1. Entity Name
SUN STATES SERVICES, INC.

Principal Place of Business 400 N. TAMPA ST. STE. 2630 TAMPA 33602 US	FL	Mailing Address 400 N. TAMPA ST. STE. 2630 TAMPA 33602 US	FL
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2. Principal Place of Business 13555 AUTOMOBILE BLVD.	3. Mailing Address 100 N. TAMPA ST.
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Suite, Apt. #, etc. STE. 500	Suite, Apt. #, etc. STE. 50000
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City & State CLEARWATER FL	City & State TAMPA FL
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Zip 33762	Country US	Zip 336023838	Country US
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4. FEI Number 58-1401859	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**WITTEMORE DONALD H**
PARK TOWER STE 2630
400 N TAMPA ST
TAMPA
33602 **US****7. Name and Address of New Registered Agent**

Name WITTEMORE DONALD H
Street Address (P.O. Box Number is Not Acceptable) PARK TOWER STE 2630
400 N TAMPA ST
City TAMPA FL Zip Code 336025867

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 _____ **04/28/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRUENSFELDER HOWARD HJ 7012 ALTURAS COURT TAMPA FL 33634	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GRUENSFELDER, ELEANOR 32 WILLOW GLEN NE ATLANTA, GA 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT GRUENSFELDER, ALBERT L J 32 WILLOW GLEN NE ATLANTA, GA 00000	<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	VT GRUENSFELDER HOWARD H J 7012 ALTURAS COURT TAMPA FL 33634	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GRUENSFELDER, ELEANOR 32 WILLOW GLEN NE ATLANTA GA 30342	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRUENSFELDER, ALBERT L J 32 WILLOW GLEN NE ATLANTA GA 30342	<input checked="" 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, with all other like empowered.

SIGNATURE: Albert L. J. Gruensfelder**P****04/28/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)