

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

04-15-2002 90054 006 \*\*\*150.00

**DOCUMENT # 674939**

1. Entity Name  
**SUN STATES SERVICES, INC.**

Principal Place of Business  
**13555 AUTOMOBILE BLVD.**  
**STE. 500**  
**CLEARWATER FL 33762**  
**US**

Mailing Address  
**100 N. TAMPA ST.**  
**STE. 36000**  
**TAMPA FL 33602-3838**  
**US**

**B0065493**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**58-1401859**

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

~~WHITEMORE, DONALD H~~  
~~PARK TOWER STE 2630~~  
~~400 N TAMPA ST~~  
~~TAMPA FL 33602-5867~~

Name  
**Donald H. Whittemore**

Street Address (P.O. Box Number is Not Acceptable)

**Phelps Dunbar LLP**

**100 South Ashley Drive, Suite 1900**

City  
**Tampa**

FL

Zip Code  
**33602**

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)

**03/04/02**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
 NAME **GRUENSFELDER, ALBERT L J**  
 STREET ADDRESS **32 WILLOW GLEN NE**  
 CITY-ST-ZIP **ATLANTA GA 30342**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VS** ☐ Delete  
 NAME **GRUENSFELDER, ELEANOR**  
 STREET ADDRESS **32 WILLOW GLEN NE**  
 CITY-ST-ZIP **ATLANTA GA 30342**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VT** ☐ Delete  
 NAME **GRUENSFELDER, HOWARD H J**  
 STREET ADDRESS **7012 ALTURAS COURT**  
 CITY-ST-ZIP **TAMPA FL 33634**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ 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**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**404/237**  
**2120**

0420348 AV

CR2E034 (9/01)