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2002 Uniform Business Report (UBR)

Apr 15, 2002 8:00 am Secretary of State DOCUMENT # 674939 1. Entity Name -15-2002 90054 006 ***150 00 SUN STATES SERVICES, INC. Principal Place of Business Mailing Address 80065495 13555 AUTOMOBILE BLVD. 100 N. TAMPA ST. STE. 500 STE. 36000 **CLEARWATER FL 33762** TAMPA FL 33602-3838 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 58-1401859 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Donald_H._Whittemore · - WITTEMORE, DONALD-H-Street Address (P.O. Box Number is Not Acceptable) Phelps Dunbar LLP -PARK TOWER STE-2630-Suite 1900 100 South Ashley Drive, -400 N-TAMPA ST-_TAMPA FL-33602-5867 Tampa 33602 8. The above named entity submits submerstatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 03/04/02 **SIGNATURE** FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** Mav Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01 TITLE ☐ Delete TITLE ☐ Change ☐ Addition GRUENSFELDER, ALBERT L J NAME NAME 32 WILLOW GLEN NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30342 CITY-ST-ZIP TITLE ☐ Delete THILE ☐ Change ☐ Addition NAME GRUENSFELDER, ELEANOR NAME STREET ADDRESS STREET ADDRESS 32 WILLOW GLEN NE CITY-ST-ZIP atlanta ga 30342 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME GRUENSFELDER, HOWARD H J NAME STREET ADDRESS STREET ADDRESS 7012 ALTURAS COURT CITY~ST-ZIP CITY-ST-7IP TAMPA FL 33634 TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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