

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90068 015 ***158.75

DOCUMENT # F00000000767

1. Entity Name
MONITOR PRODUCTS, INC.

Principal Place of Business
15273 FLIGHT PATH DR
BROOKSVILLE FL 34604

Mailing Address
15273 FLIGHT PATH DR
BROOKSVILLE FL 34604

2. Principal Place of Business
15400 Flight Path Dr.
 Suite, Apt. #, etc.

3. Mailing Address
15400 Flight Path Dr.
 Suite, Apt. #, etc.

City & State
BROOKSVILLE, FL
Zip **34604** **Country** **USA**

City & State
BROOKSVILLE, FL
Zip **34604** **Country** **USA**

4. FEI Number **11-2445535**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SUNDEN, CARL
15273 FLIGHT PATH DRIVE
BROOKSVILLE FL 34604

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
15400 Flight Path Dr.
City **BROOKSVILLE** **FL** **Zip Code** **34604**

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 *Carl Sunden* **DATE** **2-12-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **PC** ☐ Delete
NAME **SUNDEN, CARL**
STREET ADDRESS **365 OSER AVENUE**
CITY-ST-ZIP **HAUPPAUGE NY 11788**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **15400 Flight Path Dr.**
CITY-ST-ZIP **BROOKSVILLE, FL 34604**

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

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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: *Carl Sunden* **SIGNATURE REQUIRED** **2-12-02** **352-544-2620**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)