

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90102 041 ***550.00

DOCUMENT # F01000001115

1. Entity Name
EDWARD D. SULTAN CO., LTD.

Principal Place of Business
3049 UALENA STREET, 14TH FL
HONOLULU HI 96819-1942

Mailing Address
3049 UALENA STREET, 14TH FL
HONOLULU HI 96819-1942

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 99-0081236

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

HAY, TIM
7680 UNIVERSAL BLVD., STE 520
ORLANDO FL 32819

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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) ☒

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CD** ☐ Delete
NAME **SULTAN JR, EDWARD D**
STREET ADDRESS **1039 WAIHOLO STREET**
CITY-ST-ZIP **HONOLULU HI**

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

TITLE **D** ☐ Delete
NAME **JOHNSON, HAROLD E**
STREET ADDRESS **7 HAZEL AVE**
CITY-ST-ZIP **LARKSPUR CA**

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

TITLE **PD** ☐ Delete
NAME **SULTAN III, EDWARD D**
STREET ADDRESS **1221 VICTORIA STREET**
CITY-ST-ZIP **HONOLULU HI**

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

TITLE **V** ☐ Delete
NAME **BOOKATZ, STEVEN J**
STREET ADDRESS **47-136 UKAKOKO PLACE**
CITY-ST-ZIP **KANEHOE HI**

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

TITLE **S** ☐ Delete
NAME **FLANAGAN, LINDA L**
STREET ADDRESS **1164 NAMAHEALANI PLACE**
CITY-ST-ZIP **HONOLULU HI**

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

TITLE **T** ☐ Delete
NAME **PRATER, LAWRENCE S**
STREET ADDRESS **360 KUANALAU PLACE**
CITY-ST-ZIP **HONOLULU HI**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 empowered.

Lawrence S. Prater

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Senior VP, CFO

9/9/02 (808)833-7772

Date

Daytime Phone #

CR2E034 (4/02)