

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F06250****1. Entity Name**
SUNBURST TRADING COMPANY, INC.**FILED**
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90108 048 ***550.00

Principal Place of Business
491 A1A BEACH BLVD.
ST. AUGUSTINE BEACH FL 32084**Mailing Address**
491 A1A BEACH BLVD.
ST. AUGUSTINE BEACH FL 32084

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2089565**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****POUNDS, MICHAEL**
491 A1A BEACH BLVD.
ST. AUGUSTINE BEACH FL 32084

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	POUNDS, MICHAEL	491 A1A BEACH BLVD.	ST. AUGUSTINE BEACH FL				
D	POUNDS, PAMELA B	491 A1A BEACH BLVD.	ST. AUGUSTINE BEACH FL				
D	POUNDS, RUTH	491 A1A BEACH BLVD.	ST. AUGUSTINE BEACH FL				

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:** Pamela B. Pounds **9-13-02** **904-447-255 ext 3**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)