

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90001 031 ***150.00

DOCUMENT # F96000005693

1. Entity Name

SUNBEAM SERVICES, INC.

Principal Place of Business

**2381 EXECUTIVE CTR DR
 BOCA RATON FL 33431
 US**

Mailing Address

**2381 EXECUTIVE CTR DR
 BOCA RATON FL 33431
 US**

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

65-0539381

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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.

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 \$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

TITLE	P	<input type="checkbox"/> Delete
NAME	JENKINS, BOBBY G	
STREET ADDRESS	2381 EXECUTIVE CTR DR	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TOTTE, ROBERT P.	
STREET ADDRESS	2381 EXECUTIVE CTR DR	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VP GC	<input type="checkbox"/> Delete
NAME	ISKO, STEVEN	
STREET ADDRESS	2381 EXECUTIVE CTR DR	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	AT	<input type="checkbox"/> Delete
NAME	SCHUR, ROBERT	
STREET ADDRESS	2381 EXECUTIVE CTR DR	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	KELLEY, JANET G	
STREET ADDRESS	2381 EXECUTIVE CTR DR	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	ASVP	<input checked="" type="checkbox"/> Delete
NAME	O'HARA, CHERYL	
STREET ADDRESS	2381 EXECUTIVE CTR DR	
CITY-ST-ZIP	BOCA RATON FL 33431	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICE PRESIDENT & TREASURER
STREET ADDRESS	RONALD R. RITZLER
CITY-ST-ZIP	2300 EXECUTIVE CENTER DRIVE
	BOCA RATON, FL 33431
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SECRETARY
STREET ADDRESS	BARBARA L. ALLEN
CITY-ST-ZIP	3600 NORTH HYDRAULIC
	WICHITA, KS 67219

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:

ROBERT P. TOTTE **ROBERT P. TOTTE** **1-28-02** **561-912-4100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)