

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004305

1. Entity Name

SUN AUTOMOTIVE ADVISORS, INC.

Principal Place of Business

5355 TOWN CENTER ROAD, SUITE 802  
BOCA RATON FL 33486

Mailing Address

5355 TOWN CENTER ROAD, SUITE 802  
BOCA RATON FL 33486

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

UCC FILING & SEARCH SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name CT Corporation System  
Street Address (P.O. Box Number is Not Acceptable)  
1200 South Pine Island Rd.  
City Plantation FL Zip Code 33324

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)

5/11/01  
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, 2001 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 NAME STREET ADDRESS CITY - ST - ZIP	PTCD LEDER, MARC 5355 TOWN CENTER ROAD, SUITE 802 BOCA RATON FL 33486	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD KROUSE, RODGER 5355 TOWN CENTER ROAD, SUITE 802 BOCA RATON FL 33486	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS BRECK, DAVID 5355 TOWN CENTER ROAD, SUITE 802 BOCA RATON FL 33486	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600004161596--8 -05/08/01--01046--005 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*See Attached Page for Signature*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

01 MAY -2 PM 4:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

# 2001 UNIFORM BUSINESS REPORT (UBR)

0390 18292

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SUN AUTOMOTIVE ADVISORS, INC.

Principal Place of Business Mailing Address  
5355 TOWN CENTER ROAD, SUITE 802 5355 TOWN CENTER ROAD, SUITE 802  
BOCA RATON FL 33486 BOCA RATON FL 33486

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0993136 App. for Not Applicable

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

UCC FILING & SEARCH SERVICES, INC.  
526 EAST PARK AVENUE  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTCD LEDER, MARC 5355 TOWN CENTER ROAD, SUITE 802 BOCA RATON FL 33486 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: Marc Leder, President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR-0000 (10-00)