

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90043 047 ***150.00

0105750

DOCUMENT # G55361

1. Entity Name

SUNTONE INDUSTRIES, INC.

Principal Place of Business

**4825 PEMBROKE ROAD
HOLLYWOOD FL 33021**

Mailing Address

**4825 PEMBROKE ROAD
HOLLYWOOD FL 33021**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2337160**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BRODMERKEL, JAMES
4825 PEMBROKE ROAD
HOLLYWOOD FL 33021**

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, 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 **P** ☒ Delete
NAME **BRODMERKEL, BERNADETTE**STREET ADDRESS
CITY-ST-ZIP **1710 N.W. 88TH WAY
PEMBROKE PINES FL**TITLE **VP** ☐ Delete
NAME **BRODMERKEL, JAMES**STREET ADDRESS
CITY-ST-ZIP **1710 NW 88TH WAY
PEMBROKE PINES FL**TITLE ☐ Delete
NAMESTREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAMESTREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAMESTREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAMESTREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **JOHN PARKER**STREET ADDRESS
CITY-ST-ZIP **6350 W. FALCON E-LEA DRIVE
DAVIE, FL 33331**TITLE ☐ Change ☐ Addition
NAMESTREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAMESTREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAMESTREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAMESTREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAMESTREET 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.

SIGNATURE: **JAMES BRODMERKEL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)