

DOCUMENT # G74174

1. Entity Name

SUN-TEK SYSTEMS, INC.



FILED
Apr 25, 2007 08:00 AM
Secretary of State



Principal Place of Business
12314 QUERCUS LANE
WELLINGTON FL 33414

Mailing Address
1163 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH FL 33411

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-2351487

Applied 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

GROVE, CHARLES A
12314 QUERCUS LANE
PALM BEACH FL 33414

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	CHANGE	ADDITION
DP	GROVE, CHARLES A	12314 QUERCUS LANE W	WELLINGTON FL 33414	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	GROVE, LINDA S	12314 QUERCUS LANE	WELLINGTON FL 33414	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
V	BALLARD, DAVID	12177 56TH PL NORTH	ROYAL PALM BEACH FL 33411	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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05/09/07-80007-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Charles A. Grove
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/07 561-788-7560
Date Daytime Phone #