

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90040 043 ***150.00

DOCUMENT # G95461

1. Entity Name

SUN REPORTING SERVICES, INC.

Principal Place of Business

6512 MOSELEY ST.
HOLLYWOOD FL 33024

Mailing Address

6512 MOSELEY ST.
HOLLYWOOD FL 33024

2. Principal Place of Business

14529 N. Greater Hills Blvd

3. Mailing Address

14529 N. Greater Hills Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clermont, FL

City & State

Clermont, FL

Zip

34711

Country

USA

Zip

34711

Country

USA

4. FEI Number

59-2404081

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOOY, KAREN
6512 MOSELEY ST.
HOLLYWOOD FL 33024

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

14529 N. Greater Hills Blvd.

City

Clermont

FL

Zip Code

34711

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 Karen Sooy

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-2-01

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	ST	<input type="checkbox"/> Delete
NAME	HENLEY, GWEN	
STREET ADDRESS	6510 MOSELEY ST	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	P	<input type="checkbox"/> Delete
NAME	SOOY, KAREN	
STREET ADDRESS	6512 MOSELEY ST	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	14529 N. Greater Hills Blvd	
STREET ADDRESS	Clermont, FL 34711	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	14529 N. Greater Hills Blvd	
STREET ADDRESS	Clermont, FL 34711	
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		

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: Karen Sooy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-01

Date

352-243-9350

Daytime Phone #

CR2E034 (10/00)