


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90724 004 ***150.00

DOCUMENT # J26138

1. Entity Name
SUN GUARD AUTO TINTING, INC.



Principal Place of Business
**% WILLIAM JENKS
4425 A TAMIAMI TRAIL
CHARLOTTE HARBOR FL 33980**

Mailing Address
**% WILLIAM JENKS
4425 A TAMIAMI TRAIL
CHARLOTTE HARBOR FL 33980**

2. Principal Place of Business
**Sun Guard
Suite, Apt. # 4516 Tamiami Trail
Charlotte Harbor, FL 33980**

3. Mailing Address
**Sun Guard
Suite, Apt. 4516 Tamiami Trail
Charlotte Harbor, FL 33980**

City & State
Charlotte Harbor, FL 33980

City & State
Charlotte Harbor, FL 33980

Zip Country
33980 FL



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2778010**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**JENKS, WILLIAM
4425A TAMIAMI TRAIL
CHARLOTTE HARBOR FL 33980**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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	PD JENKS, WILLIAM 4336 TAMIAMI TRAIL CHARLOTTE HARBOR FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William Jenks* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **4/29/03** **941 625-9666**

Date Daytime Phone #

CR2E034 (10/02)