

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # K81315

AMENDED REPORT

1. Entity Name

SUN BUILDING SYSTEMS, INC.

FILED

02 JUN 17 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

980 HIGHWAY 196

3. Mailing Address

P.O. BOX 668

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MOLINO, FL

City & State
CANTONMENT, FL

4. FEI Number
59-2948856

Applied For
☐ Not Applicable

Zip
32577

Country
US

Zip
32533

Country
US

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JOHN D. GILBERT

Street Address (P.O. Box Number is Not Acceptable)
980 HIGHWAY 196

City MOLINO **FL** **Zip Code** 32577

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE PRESIDENT
NAME JOHN D. GILBERT
STREET ADDRESS 980 HIGHWAY 196
CITY-ST-ZIP MOLINO, FL 32577

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VICE PRESIDENT
NAME JOHN D. GILBERT
STREET ADDRESS 980 HIGHWAY 196
CITY-ST-ZIP MOLINO, FL 32577

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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-06/25/02--01046--020
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TITLE SECRETARY
NAME JOHN D. GILBERT
STREET ADDRESS 980 HIGHWAY 196
CITY-ST-ZIP MOLINO, FL 32577

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **JOHN D. GILBERT PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE 09 02

Date

(850) 587-5558

Daytime Phone #

CR2E034B (12/01)