

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90033 002 ***150.00

041730 AV

DOCUMENT # L41345

1. Entity Name

SUN GUARD, INC.



Principal Place of Business
**3658 OLD LIGHTHOUSE CIR
WELLINGTON FL 33414-8843**

Mailing Address
**PO BOX 540-366
LAKE WORTH FL 33454-0366**

2. Principal Place of Business

1081. SUMMIT PLACE CIRCLE-E

3. Mailing Address

P.O. BOX 540366

Suite, Apt. #, etc.

UNIT # E.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH FL

City & State

LAKE WORTH FL

Zip

33415.

Country

USA.

Zip

33454

Country

USA

4. FEI Number

65-0164334

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HERNANDEZ, GEORGE

4396 NICIA WAY

GREENACRES FL 33463

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

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, 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

TITLE **D** ☐ Delete
NAME **HERNANDEZ, JORGE**
STREET ADDRESS **3658 OLD LIGHTHOUSE CIRCLE**
CITY-ST-ZIP **WELLINGTON FL 33414-8843**

TITLE **D** ☐ Delete
NAME **HERNANDEZ, SANDRA**
STREET ADDRESS **3568 OLD LIGHTHOUSE CIRCLE**
CITY-ST-ZIP **WELLINGTON FL 33414-8843**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 10 -03-561-3330800

Date

Daytime Phone #

CR2E034 (10/02)