

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000002291

1. Entity Name
SUN MAXCESS, LLC

FILED
Sep 15, 2002 8:00 am
Secretary of State

09-15-2002 90090 021 ****50.00

0011894

Principal Place of Business

Mailing Address

10900 47TH STREET NORTH
CLEARWATER FL 33762-5001

10900 47TH STREET NORTH
CLEARWATER FL 33762-5001

4710 Eisenhower Blvd, Suite C-7
Tampa, FL 33634

4710 Eisenhower Blvd, Suite C-7
Tampa, FL 33634



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4710 Eisenhower Blvd.

4710 Eisenhower Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite C-7

Suite C-7

City & State

City & State

Tampa, Florida

Tampa, Florida

Zip

Country

Zip

Country

33634

US

33634

US

4. FEI Number **58-2533032**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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 \$50.00

Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Patrick E. Parish
1731 Wakefield Dr.
Brandon, FL 33511 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Andy Miarka
235 Demingway
Summerville, SC 29483 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Sec/Treasurer
Dona Roberts
1630 Cobb Int'l Blvd
Kennesaw, GA 30152 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8/23/02

Date

(813)249-9717

Daytime Phone #

CR2E083 (4/02)