

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90011 045 ***150.00

DOCUMENT # M96302

1. Entity Name
SUNSTYLE CORPORATION

Principal Place of Business

**36460 US 19 NORTH
 PALM HARBOR FL 34684
 US**

Mailing Address

**36460 US 19 NORTH
 PALM HARBOR FL 34684
 US**

2. Principal Place of Business

4900 CREEKSIDE DRIVE

3. Mailing Address

4900 CREEKSIDE DRIVE

Suite, Apt. #, etc.

"H"

Suite, Apt. #, etc.

"H"

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

Zip

33760

Country

U.S.A.

Zip

33760

Country

U.S.A.

4. FEI Number

59-2905386

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**QUARTETTI, RALPH W.
 36460 US 19 NORTH
 PALM HARBOR FL 34684**

7. Name and Address of New Registered Agent

Name

QUARTETTI, RALPH W.

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

4900 CREEKSIDE DRIVE, SUITE H

City

CLEARWATER

FL

Zip Code
33760

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) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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 **D** ☐ Delete
 NAME **JAMES, THOMAS A.**
 STREET ADDRESS **880 CARILLON PKY.**
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **DP** ☐ Delete
 NAME **QUARTETTI, RALPH W.**
 STREET ADDRESS **36460 US 19 NORTH**
 CITY-ST-ZIP **PALM HARBOR FL**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☐ Addition
 NAME **JAMES, THOMAS A.**
 STREET ADDRESS **4900 CREEKSIDE DRIVE, SUITE H**
 CITY-ST-ZIP **CLEARWATER, FL 33760**

TITLE **DP** ☐ Change ☐ Addition
 NAME **QUARTETTI, RALPH W**
 STREET ADDRESS **4900 CREEKSIDE DRIVE, SUITE H**
 CITY-ST-ZIP **CLEARWATER, FL 33760**

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

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

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

TITLE ☐ Change ☐ 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:

QUARTETTI, RALPH W. PRESIDENT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/02
 Date

727-592-0289
 Daytime Phone #

CR2E034 (9/01)