

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/1

DOCUMENT # N93000003652

1. Entity Name

SUNTUG, INC.

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90025 027 \*\*\*\*61.25

Principal Place of Business  
8706 COBBLESTONE DR.  
TAMPA FL 33615  
US

Mailing Address  
8706 COBBLESTONE DR.  
TAMPA FL 33615-4914  
US

2. Principal Place of Business  
10523 Weybridge Dr.  
Suite, Apt. #, etc.

3. Mailing Address  
10523 Weybridge Dr.  
Suite, Apt. #, etc.

City & State  
Tampa, FL

City & State  
Tampa, FL

Zip  
33626

Country  
U.S.A.

Zip  
33626

Country  
U.S.A.

4. FEI Number  
59-3197097

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MILLER, BARBARA J  
8706 COBBLESTONE DR.  
TAMPA FL 33615

7. Name and Address of New Registered Agent

Name  
Debra L. Chadbourne

Street Address (P.O. Box Number is Not Acceptable)  
10523 Weybridge Dr.

City  
Tampa

FL

Zip Code  
33626

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 Debra L. Chadbourne DATE 4/25/00

Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:  
FEE IS \$61.25

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

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DZIERZAWSKI, JEFFREY		NAME	Sellers, Carolyn	
STREET ADDRESS	1500 ALBEMARLE CT.		STREET ADDRESS	1902 Belle Chase Circle	
CITY-ST-ZIP	DUNEDIN FL 34698		CITY-ST-ZIP	Tampa, FL 33634	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERRANO, EDWARD		NAME	Miller, Barbara J	
STREET ADDRESS	10175 CEDAR DUNE DRIVE		STREET ADDRESS	8706 Cobblestone Dr.	
CITY-ST-ZIP	TAMPA FL 33624		CITY-ST-ZIP	Tampa, FL 33615	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRANOVA, LEN		NAME		
STREET ADDRESS	15316 SPRUSON ST.		STREET ADDRESS		
CITY-ST-ZIP	ODESSA FL 33556		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, BARBARA J		NAME	Chadbourne, Debra L	
STREET ADDRESS	8706 COBBLESTONE DR.		STREET ADDRESS	10523 Weybridge Dr.	
CITY-ST-ZIP	TAMPA FL 33615		CITY-ST-ZIP	Tampa, FL 33626	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 617, 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: Debra L. Chadbourne DATE: 4/8/00 (813) 881-2159

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)