

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2003 8:00 am**  
**Secretary of State**

07-24-2003 90115 024 \*\*\*150.00

000019 AV

**DOCUMENT # P00000017410**

1. Entity Name  
**SUN STATE ENCLOSURES, INC.**



Principal Place of Business  
**3477 WHITE WING ROAD  
ORANGE PARK FL 32073**

Mailing Address  
**3477 WHITE WING ROAD  
ORANGE PARK FL 32073**



2. Principal Place of Business

**3477 White Wing Rd**

3. Mailing Address

**3477 White Wing Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**Orange Park, FL**

City & State

**Orange Park, FL**

4. FEI Number **59-3623572**

Applied For

Not Applicable

Zip

Country

**32073**

**USA**

Zip

Country

**32073**

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARKER, MARTY  
3477 WHITE WING ROAD  
ORANGE PARK FL 32073**

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 \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BARKER, MARTY 3477 WHITE WING ROAD ORANGE PARK FL 32073</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **MANATHEE F. BARKER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/21/03 (904) 908-4000**

Date Daytime Phone #

CR2E034 (4/03)

Attachment

90146317  
# P00000017410



# Sun State Enclosures, Inc.

Lic # CGC 060939

3477 White Wing Rd.

Orange Park, Fl. 32073

(904) 908-4000

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To Whom It May Concern,

I'm attaching this letter to the completed report to inform the Division Of Incorporation's that this company did not receive the prior notice, and we are asking that the late fee be waived. If you need anything else or if the fee is not waived, I can be called at (904) 908-4000. Thank you in advance for your help and cooperation.

Sincerely

Marty Barker  
President