

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90215 012 \*\*\*158.75

0568857 AV

**DOCUMENT # P00000036310**

1. Entity Name

**ALL-SUN ENTERPRISES, INC.**

Principal Place of Business

**17148 MURCOTT BLVD.  
 LOXAHATCHEE, FL 33470**

Mailing Address

**17148 MURCOTT BLVD.  
 LOXAHATCHEE FL 33470**

**00028889**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**807 Lucern Ave**

3. Mailing Address

**856 S.W. Rustic Cir**

Suite, Apt. #, etc.

**East**

Suite, Apt. #, etc.

**X**

City & State

**Lake Worth FL**

City & State

**Stuart FL**

4. FEI Number

**65-1000813**

Applied For

Not Applicable

Zip

**33460**

Country

**Palm Beach**

Zip

**34997**

Country

**Martin**

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

6. Name and Address of Current Registered Agent

**WHALEN, LEO**

**17148 MURCOTT BLVD.**

**LOXAHATCHEE FL 33470**

7. Name and Address of New Registered Agent

Name

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

**856 S.W. Rustic Cir**

City **Stuart**

**FL**

Zip Code

**34997**

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 President** ☐ Delete  
 NAME **WHALEN, LEO**  
 STREET ADDRESS **17148 MURCOTT BLVD.**  
 CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE **Vice President** ☐ Delete  
 NAME **Frank Penner**  
 STREET ADDRESS **11592 White March Dr.**  
 CITY-ST-ZIP **Wellington FL 33414**

TITLE **Vice President** ☐ Delete  
 NAME **Jeffery Neeb**  
 STREET ADDRESS **11 Lancaster Dr.**  
 CITY-ST-ZIP **Green Acres FL 33463**

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

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

TITLE ☐ Change ☐ Addition  
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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:

**Leo Whalen**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jan. 28, 2002** **561 662-4203**  
 Date Daytime Phone #

CR2E034 (9/01)