

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90730 029 \*\*\*158.75

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**DOCUMENT # P00000036310**

1. Entity Name  
**ALL-SUN ENTERPRISES, INC.**



Principal Place of Business  
**807 LUCERN AVE  
LAKE WORTH FL 33460**

Mailing Address  
**856 SW RUSTIC CIR  
STUART FL 34997**



2. Principal Place of Business  
**1307 Central Terrace**  
Suite, Apt. #, etc.

3. Mailing Address  
**1307 Central Terrace**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Lake Worth FL.**  
Zip  
**33460**  
Country  
**USA**

City & State  
**Lake Worth FL.**  
Zip  
**33460**  
Country  
**USA**

4. FEI Number **65-1000813**  
Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WHALEN, LEO  
856 SW RUSTIC CIR  
STUART FL 34997**

**7. Name and Address of New Registered Agent**

Name **Leo Whalen**  
Street Address (P.O. Box Number is Not Acceptable)  
**1307 Central Terrace**  
City **Lake Worth** FL Zip Code **33460**

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 **Leo Whalen** President **Leo F. Whalen** 4-10-03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WHALEN, LEO</b>	
STREET ADDRESS	<b>856 SW RUSTIC CIR</b>	
CITY-ST-ZIP	<b>STUART FL 34997</b>	
TITLE	<b>V Pennca</b>	<input type="checkbox"/> Delete
NAME	<b>FRANK, PENNCA</b>	
STREET ADDRESS	<b>11592 WHITE MARCH DR</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33414</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>JEFFERY, NEEB</b>	
STREET ADDRESS	<b>11 LANCASTER DR</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33463</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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: **Leo Whalen** President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-03 561-662-4203  
Date Daytime Phone #

CR2E034 (10/02)