

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90058 014 ***150.00

DOCUMENT # P00000047135

1. Entity Name
SUN & MOON SPRINKLERS, INC.

Principal Place of Business
1602 SOUTH CYPRESS RD. SUITE 5
POMPANO BEACH FL 33060

Mailing Address
1602 SOUTH CYPRESS RD. SUITE 5
POMPANO BEACH FL 33060

B0026285



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address
72 E. McNAB ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

GPN 121

City & State

City & State
POMPANO BEACH, FL

4. FEI Number **65-1007616**

Applied For

Not Applicable

Zip

Country

Zip
33060

Country
BROWARD

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

FRANK, SEAN
1602 SOUTH CYPRESS RD, SUITE 5
POMPANO BEACH FL 33060

Name
FRANK, SEAN

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

72 E. McNAB ROAD

GPN 121

City
POMPANO BEACH

FL

Zip Code
33060

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 **SEAN FRANK**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

2/1/02
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **FRANK, SEAN**
STREET ADDRESS **1602 SOUTH CYPRESS RD, SUITE 5**
CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE ☒ Change ☐ Addition
NAME **72 E. McNAB ROAD GPN 121**
STREET ADDRESS **POMPANO BEACH, FL 33060**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/02 (954) 658-4917
Date Daytime Phone #

CR2E034 (9/01)