

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90134 030 ***158.75

DOCUMENT # P00000098651

1. Entity Name
SUN EQUIPMENT & SUPPLY, INC.

Principal Place of Business
371 TAFT VINELAND RD
ORLANDO FL 32824

Mailing Address
371 TAFT VINELAND RD
ORLANDO FL 32824

2. Principal Place of Business
5406 Ducks Road

3. Mailing Address
PO Box 620606

Suite, Apt. #, etc.

City & State
Orlando, FL

City & State
Orlando, FL

Zip
32819

Country
USA

Zip
32862-0606

Country
USA

4. FEI Number
59-3680989

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DUDLEY, FRED R
301 S BRONOUGH ST, STE 200
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name
Claramargaret H. Groover

Street Address (P.O. Box Number is Not Acceptable)
123 Zelma Street, Suite B

PO Box 547713, Orlando, FL 32854-7713

City
Orlando

FL

Zip Code
32803

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 *Claramargaret H. Groover* **1/18/02**

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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE DP	NAME LAUGENI, JOYCE	<input type="checkbox"/> Delete		TITLE DP	NAME Laugeni, Joyce	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 371 TAFT VINELAND RD				STREET ADDRESS 5406 Ducks Road			
CITY-ST-ZIP ORLANDO FL 32824				CITY-ST-ZIP Orlando, FL 32819			
TITLE DST	NAME LAUGENI, CAROLYN	<input type="checkbox"/> Delete		TITLE	NAME 5406 Ducks Road	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 371 TAFT VINELAND RD				STREET ADDRESS Orlando, FL 32819			
CITY-ST-ZIP ORLANDO FL 32824				CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Delete		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Delete		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Delete		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Delete		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *Claramargaret H. Groover* **1/17/02 (407) 226-3799**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)