2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90743 007 ***150.00

DOCUMENT # P00000108993

1. Entity Name
T & J SUN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
406 RUDDER RD NAPLES FL 34102	% EDWARD M LIVINGSTON PA 963 TRAIL TERRACE NAPLES FL 34103

2. Principal Place of Business	3. Mailing Address
2377 CLIPPER WAY	SAME AS 2
Suite, Apt. #, etc.	Suite, Apt. #, etc. 2377 Clipper Way
City & State NAPLES FL	City & State NAPLES FL
Zip 34104 Country COLLIER	Zip 34104 Country COLLIER

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3696382 ☐ Applied For ☐ Not Applicable

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
LIVINGSTON, EDWARD M PA 963 TRAIL TERRACE NAPLES FL 34103	Name TERESA KOSTUK Street Address (P.O. Box Number is Not Acceptable) 2377 Clipper WAY City NAPLES FL Zip Code 34104

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] 4/29/03
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KOSTUK, TERESA		NAME		
STREET ADDRESS	406 RUDDER RD.		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34102		CITY-ST-ZIP		
TITLE	VS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MCCOLLUM, BOBBY G		NAME		
STREET ADDRESS	14960 COLLIER BLVD 4027		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34119		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: SIGNATURE REQUIRED [signature] 4/29/03 239-261-3319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)