

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000115966

1. Entity Name

SUN FIN COMMUNICATION, INC.

FILED

Mar 20, 2001 8:00 am  
Secretary of State

03-20-2001 90052 021 \*\*\*150.00

Principal Place of Business

1266 S PINELLAS AVE  
TARPON SPRINGS FL 34689

Mailing Address

1266 S PINELLAS AVE  
TARPON SPRINGS FL 34689

2. Principal Place of Business

2240 Belleair Road

3. Mailing Address

2240 Belleair Road

Suite, Apt. #, etc.

140

Suite, Apt. #, etc.

140

City & State

Clearwater, FL

City & State

Clearwater, FL

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

33764

Country

Pinellas

Zip

33764

Country

Pinellas

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

Name

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

City

FL

Zip Code

JOSEPH, JUSTIN G ESQ  
1266 S PINELLAS AVE  
TARPON SPRINGS FL 34689

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, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PS  
MARTING, JONAS  
1266 S PINELLAS AVE  
TARPON SPRINGS FL 34689 ☐ Delete

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

TITLE  
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CITY-ST-ZIP  
☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOHN H. MARTING / 3/03/01 727 938 2227

CR2E034 (10/00)