

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90029 026 ***158.75

DOCUMENT # P01000006806

1. Entity Name
SUN SERVICE OF NORTH FLORIDA, INCORPORATED

Principal Place of Business
PO BOX 10992
JACKSONVILLE FL 32247-0992

Mailing Address
PO BOX 10992
JACKSONVILLE FL 32247-0992

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEJ Number

59-3687566

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

TISON, CHARLES L
612 STAFFORDSHIRE DR
JACKSONVILLE FL 32225

Name SHAWN R. TISON

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

612 STAFFORDSHIRE DR.

City JACKSONVILLE

FL

Zip Code 32225

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]

JANUARY 2002

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	PD	<input type="checkbox"/> Delete
NAME	TISON, CHARLES L	
STREET ADDRESS	612 STAFFORDSHIRE DR	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT/CEO/PO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES L. TISON	
STREET ADDRESS	3037 SUNI PINES BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 32250	
TITLE	VICE-PRESIDENT/CFO/VM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAWN R. TISON	
STREET ADDRESS	612 STAFFORDSHIRE DR.	
CITY-ST-ZIP	JACKSONVILLE, FL. 32225	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY

2002

904-646-3835

Date

Daytime Phone #

CR2E034 (9/01)