

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90042 021 ***150.00

DOCUMENT # P01000030942

1. Entity Name
SUNSATONS OF FLORIDA, INC.

Principal Place of Business
1022 WYNDHAM WAY
SAFETY HARBOR FL 34695

Mailing Address
1022 WYNDHAM WAY
SAFETY HARBOR FL 34695



2. Principal Place of Business
2481-G N. M^cMULLEN - Booth - SAME -

3. Mailing Address
 Suite, Apt. #, etc.

Suite, Apt. #, etc.
Clearwater, FL.

City & State

City & State

Zip Country

Zip Country
33759 FL

4. FEI Number
59-3707391

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
RUGGLES, THOMAS W
603 INDIAN ROCKS ROAD
BELLEAIR FL 33756

7. Name and Address of New Registered Agent
 Name **TERRY KISTNER**
 Street Address (P.O. Box Number is Not Acceptable)
1022 WYNDHAM WAY
 City **SAFETY HARBOR FL** Zip Code **34695**

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 **Terry Kistner, V.P. 4/30/02**
 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	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1022 WYNDHAM WAY		STREET ADDRESS	TERRY L. KISTNER	
CITY-ST-ZIP	SAFETY HARBOR FL 34695		CITY-ST-ZIP	1022 WYNDHAM WAY	
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		
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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: **TERRY KISTNER, V.P. 4/30/02 727-669-5650**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)