

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91783 039 ***150.00

DOCUMENT # P01000030942

1. Entity Name

SUNSACTIONS OF FLORIDA, INC.



Principal Place of Business

**2481 G N. MCMULLEN BOOTH
CLEARWATER FL 33759**

Mailing Address

**1022 WYNDHAM WAY
SAFETY HARBOR FL 34695**

2. Principal Place of Business

5288 Karlsburg Pl

Suite, Apt. #, etc.

3. Mailing Address

5288 Karlsburg Pl

Suite, Apt. #, etc.

City & State

Palm Harbor, FL

City & State

Palm Harbor, FL

Zip

34685

Country

USA

Zip

34685

Country

USA

4. FEI Number

59-3707391

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

KISTNER, TERRY

1022 WYNDHAM WAY

SAFETY HARBOR FL 34695

7. Name and Address of New Registered Agent

Name

KISTNER, Terry

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

5288 Karlsburg Pl

City

Palm Harbor

FL

Zip Code

34685

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/03

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

TITLE **D** ☐ Delete
NAME **KISTNER, SANDRA G**
STREET ADDRESS **1022 WYNDHAM WAY**
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE **V** ☐ Delete
NAME **KISTNER, TERRY L**
STREET ADDRESS **1022 WYNDHAM WAY**
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **KISTNER, SANDRA**
STREET ADDRESS **5288 KARLSBURG PL**
CITY-ST-ZIP **PALM HARBOR, FL 34685**

TITLE **V** ☒ Change ☐ Addition
NAME **KISTNER, TERRY**
STREET ADDRESS **5288 KARLSBURG PL**
CITY-ST-ZIP **PALM HARBOR, FL 34685**

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/03

CR2E034 (10/02)