

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90192 049 ***150.00

DOCUMENT # P01000056335

1. Entity Name
SUN SPOT ADVERTISING, INC.



Principal Place of Business
**609 COURT STREET
CLEARWATER FL 33756**

Mailing Address
**609 COURT STREET
CLEARWATER FL 33756**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3724799

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KRUG, STEWART L
609 COURT STREET
CLEARWATER FL 33756**

7. Name and Address of New Registered Agent

Name

STEWART L KRUG P.A.

Street Address (P.O. Box or other acceptable)

1545 S. BELCHER RD.

CLEARWATER, FL 33764

City

727-536-7667

FL

Zip Code

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

1/17/03

**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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
KRUG, DELL
609 COURT ST
CLEARWATER FL 33756** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD KRUG, DELL
1545 S Belcher Rd
Clearwater FL 33764** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
NESTOR, JOANNE
609 COURT ST
CLEARWATER FL 33756** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V.P. Nestor, Joanne
1545 S Belcher Rd
Clearwater FL 33764** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/03
Date

**727
536 7667**
Daytime Phone #

CR2E034 (10/02)