

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**  
05-27-2002 90419 003 \*\*\*150.00

DOCUMENT # P01000091420

1. Entity Name

SungLo Designs Inc ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

997 BOXFORD LN

Suite, Apt. #, etc.

ROCKLEDGE FL 32955

City & State

ROCKLEDGE FL

Zip

32955

Country

US

3. Mailing Address

997 BOXFORD LN

Suite, Apt. #, etc.

ROCKLEDGE FL 32955

City & State

ROCKLEDGE FL

Zip

32955

Country

US

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3745749

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

STADLER JERRY L

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

997 BOXFORD LN

ROCKLEDGE

City

FL

Zip Code

32955

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) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$81.25  
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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	JERRY L STADLER	997 BOXFORD LN	ROCKLEDGE FL 32955
S	MARGARET PERSINGER	997 BOXFORD LN	ROCKLEDGE, FL 32955

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-02

Date

(321) 537-5179

Daytime Phone #