FILED
May 07, 2002 8:00 am
Secretary of State
05-07-2002 90061 001 *****8.75
05-07-2002 90061 002 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000100975

1. Entity Name

Sun Distributors of Ga, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
283 Atlantic Isle Dr	P.O. Box # 803
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sunny Isles Beach FL	City & State: Savannah GA
Zip: 33160 Country: Miami Dade	Zip: 31405 Country: Chatham

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-114-7790 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Registered Agent (New)

Name: Harold Siegel

Street Address (P.O. Box Number is Not Acceptable): 283 Atlantic Isle Dr.

City: Sunny Isles Beach FL Zip Code: 33160

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: Harold Siegel (New Reg Agent Harold Siegel) 4-24-02
Signature of current or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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 $61.25
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	Pres-Secy Harold Siegel 283 Atlantic Isle Dr Sunny Isles Bch FL 33160
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice Pres-Treas. Thomas O'Connell 283 Atlantic Isle Dr Sunny Isles Bch FL 33160
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	IN THIS SPACE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E034B (12/01)

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: Harold Siegel President 4-24-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #