

May 01 02 10:49a

STEVEN J CORSO

**FILED**  
**Jun 16, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91218 031 \*\*\*150.00

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P01000105422**

1. Entity Name

SUN ATLANTIC ENTERPRISES, INC. ✓

Principal Place of Business

4148 GROVE PARK LANE  
BOYNTON BEACH FL 33436

Mailing Address

4148 GROVE PARK LANE  
BOYNTON BEACH FL 33436

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-1156467

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

MULFINGER, RICHARD  
4148 GROVE PARK LANE  
BOYNTON BEACH FL 33436

7. Name and Address of New Registered Agent

Name

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

City

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when withdrawing)

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

TITLE PD  
NAME MULFINGER, RICHARD  
STREET ADDRESS 4148 GROVE PARK LANE  
CITY-ST-ZIP BOYNTON BEACH FL 33436 ☐ DeleteTITLE V  
NAME MULFINGER, JOHN  
STREET ADDRESS 4148 GROVE PARK LANE  
CITY-ST-ZIP BOYNTON BEACH FL 33436 ☐ DeleteTITLE S  
NAME MULFINGER, THOMAS  
STREET ADDRESS 4148 GROVE PARK LANE  
CITY-ST-ZIP BOYNTON BEACH FL 33436 ☐ DeleteTITLE T  
NAME MULFINGER, CAROLE D  
STREET ADDRESS 4148 GROVE PARK LANE  
CITY-ST-ZIP BOYNTON BEACH FL 33436 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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)(c), 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 807, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR

9/30/02 (561) 965-7277

CR2E004 (9/01)