

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

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

05-05-2003 90713 039 ***150.00

DOCUMENT # P02000002765

1. Entity Name

SUN CLEANING OF USA INC.



DO NOT WRITE IN THIS SPACE

11039112

2. Principal Place of Business
PO BOX 6756

3. Mailing Address
PO BOX 6756

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Fort Myers, FL

City & State
Fort Myers, FL

4. FEI Number
80-0006592

Applied For
Not Applicable

Zip 33911 **Country**

Zip 33911 **Country**

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Stefan Lapan

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

1928 SE 31st Street

City Cape Coral

FL

Zip Code 33911

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 **Stefan Lapan**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

104.20.03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 P
NAME Stefan Lapan
STREET ADDRESS 1928 SE 31st Street
CITY-ST-ZIP Cape Coral, FL 33904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME Andrew Lapan
STREET ADDRESS 1928 SE 31st Street
CITY-ST-ZIP Cape Coral, FL 33904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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

SIGNATURE:

Stefan Lapan/President 04.20.03 / (239) 945-1982

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)