

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 11, 2003 8:00 am**  
**Secretary of State**

07-11-2003 90050 042 \*\*\*150.00

DOCUMENT # **P02000052927**

1. Entity Name

**SUNDANCE SUPPLIES, INC.**



Principal Place of Business

**24811 WAX MYRTLE DR  
BONITA SPRINGS FL 34134**

Mailing Address

**24811 WAX MYRTLE DR  
BONITA SPRINGS FL 34134**

2. Principal Place of Business

**23411 OLDE MEADOWBROOK CIRCLE**

3. Mailing Address

**23411 OLDE MEADOWBROOK CIRCLE**

City & State

**BONITA SPRINGS, FL**

City & State

**BONITA SPRINGS, FL**

Zip

**34134**

Country

Zip

**34134**

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SIGNS, DON**

**24811 WAX MYRTLE DR  
BONITA SPRINGS FL 34134**

Name

**SIGNS, DON**

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

**23411 OLDE MEADOWBROOK CIRCLE**

City

**BONITA SPRINGS FL**

Zip Code

**34134**

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

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
KOLOSKI, CHRIS  
501 EAGLE NOOK WAY  
OSPREY FL 34229** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SIGNS, DON  
24811 WAX MYRTLE DR  
BONITA SPRINGS FL 34134** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**23411 OLDE MEADOWBROOK CIRCLE  
BONITA SPRINGS, FL 34134** ☒ Change ☐ Addition

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

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

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

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: **Don Signs**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-8-03** Date **(239) 992-2464** Daytime Phone #

0108009 AV

CR2E034 (4/03)