

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 18, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000005474**

1. Entity Name  
**SUNBRITE AUTO WORKS, INC.**

Principal Place of Business 3924 WEST CREST AVE  TAMPA FL 33614	Mailing Address 3924 WEST CREST AVE.  TAMPA FL 33614
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State	3. Mailing Address  Suite, Apt. #, etc.  City & State
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DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
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4. FEI Number <b>59-3161910</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

COTTER MARK A  
 220 S FRANKLIN ST  
  
 TAMPA FL 33602 US

**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 \_\_\_\_\_ DATE **04/18/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	S	<input type="checkbox"/> Delete	
NAME	MURPHREE SUZETTE G		
STREET ADDRESS	13805 CHERRY CREEK DRIVE		
CITY-ST-ZIP	TAMPA FL 33618		
TITLE	TS	<input type="checkbox"/> Delete	
NAME	MURPHREE EDWIN K.		
STREET ADDRESS	13806 CHERRY CREEK DRIVE		
CITY-ST-ZIP	TAMPA FL		
TITLE	P	<input type="checkbox"/> Delete	
NAME	MURPHREE ROBERT E		
STREET ADDRESS	13806 CHERRY CREEK DR		
CITY-ST-ZIP	TAMPA FL		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURPHREE SUZETTE GS		
STREET ADDRESS	13805 CHERRY CREEK DRIVE		
CITY-ST-ZIP	TAMPA FL 33618		
TITLE	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURPHREE EDWIN KTS		
STREET ADDRESS	13806 CHERRY CREEK DRIVE		
CITY-ST-ZIP	TAMPA FL 33618		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURPHREE ROBERT EP		
STREET ADDRESS	13806 CHERRY CREEK DR		
CITY-ST-ZIP	TAMPA FL 33618		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Robert E. Murphree **P** 04/18/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)