

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2003 8:00 am
Secretary of State

07-18-2003 90077 005 ***150.00

0097124 AV

DOCUMENT # P94000013650

1. Entity Name
EAST OF THE SUN, INC.



Principal Place of Business
14027 WOLCOTT DRIVE
TAMPA FL 33624

Mailing Address
14027 WOLCOTT DRIVE
TAMPA FL 33624

2. Principal Place of Business

7750 CITRUS BLOSSOM DR

3. Mailing Address

7750 CITRUS BLOSSOM DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

LAND O LAKES FL

City & State

LAND O LAKES FL

4. FEI Number 59-3225553

Applied For
Not Applicable

Zip

Country

34639

Zip

Country

34639

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PISAPIA, CHRISTINE B
14027 WOLCOTT DRIVE
TAMPA FL 33624

Name

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

7750 CITRUS BLOSSOM DR

City

LAND O LAKES

FL

Zip Code

34639

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 Christine B Pisapia **CHRISTINE B. PISAPIA** **Pres.** **7/9/03**
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	PISAPIA, CHRISTINE B	
STREET ADDRESS	14027 WOLCOTT DR.	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	<input type="checkbox"/> Delete
NAME	PISAPIA, FRED J	
STREET ADDRESS	14027 WOLCOTT DR.	
CITY-ST-ZIP	TAMPA FL 33624	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7750 CITRUS BLOSSOM DRIVE	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7750 CITRUS BLOSSOM DRIVE	
CITY-ST-ZIP	LAND O LAKES FL 34639	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PISAPIA

Date

7/9/03

Daytime Phone #

813 969 8766

CR2E034 (4/03)

Attachment

P94000013650
90144546

TO: FL DIVISION OF CORPORATIONS

FR: EAST OF THE SUN INC

ENCLOSED IS OUR ANNUAL REPORT FILING. AS
YOU CAN SEE OUR ADDRESS CHANGED. THE POSTAL
SERVICE DID NOT FORWARD MAIL. THE CORPORATION DID
NOT RECEIVE THE UNIFORM BUSINESS REPORT.

WE RESPECTIVELY REQUEST THE LATE FEE BE WAIVED
AS OUTLINED IN YOUR Q+A'S.

THANK YOU FOR YOUR CONSIDERATION AS IT IS A
GREAT HARDSHIP.

SINCERELY

Janel Puga

VICE PRESIDENT