

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90381 025 ***150.00

0024031

DOCUMENT # P94000021273

1. Entity Name

SUNWORKS SOLAR, INC.

Principal Place of Business

**4533 SUNBEAM RD
 SUITE #302
 JACKSONVILLE FL 32257
 US**

Mailing Address

**4533 SUNBEAM RD
 SUITE #302
 JACKSONVILLE FL 32257
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3225461**

Applied For

Not Applicable

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

**ADAI, THOMAS
 4533 SUNBEAM RD
 STE. 302
 JACKSONVILLE FL 32257**

Name

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


City

FL

Zip Code

8. The above named

of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE 

(NOTE: Registered Agent signature required when reinstating)

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DVT** ☒ Delete
 NAME **WILLIAMSEN, RUSSELL**
 STREET ADDRESS **4631 HEARTHSTONE CT**
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **DPS** ☐ Delete
 NAME **ADAI, THOMAS**
 STREET ADDRESS **2004 MYRON CT**
 CITY-ST-ZIP **JACKSONVILLE FL 32259**

TITLE **OD** ☐ Delete
 NAME **SHAW, MICHAEL**
 STREET ADDRESS **2447 DEAN RD.**
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Attachment
656114

09400002/273

5/2/01

TO: FLA DEPT of State,

SORRY ABOUT THE ONE DAY DELAY.

I Thought I had it in the MAIL

ON MAY 1, but it WAS NOT PUT

out FOR PICK-UP UNTIL MAY 2, 2001...

Would you please let it go this
this time?

Thank!

Tom Adam

(904) 731-2099