## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Mar 07, 2002 8:00 am Secretary of State DOCUMENT # P94000033990 1. Entity Name SUNPLACE SALES, INC. 03-07-2002 90041 012 \*\*\*150.00 Principal Place of Business Mailing Address 2318 SUNVIEW AVE 2318 SUNVIEW AVE DAAAAAAAA VALRICO FL 33594 VALRICO FL 33594 3. Mailing Address 2. Principal Place of Business 1621 BUNKER HILL Dr 1621 BUNKER Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUN CITY CENTER City & State いん ピロマタ Applied For 4. FEI Number 59-3251730 Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. -Name and Address of New Registered Agent Name PLACE, LARRY Street Address (P.O. Box Number is Not Acceptable) 2318 SUNVIEW AVE VALRICO FL 33594 City SUN Criq Conver 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 Signature, typed or printed name of registered agent and title if applicate FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. (10/6)TITLE TITLE ☐ Addition ☐ Delete PLACE LARRY R. NAME PLACE, LARRY R NAME BUNKER HILL Dr. STREET ADDRESS 2318 SUNVIEW AVE STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER FL 33573 CITY-ST-ZIP VALRICO FL 33594 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME PLACE, CAROL K CAROL 1621 BUNKER HILL DE STREET ADDRESS STREET ADDRESS 2318 SUNVIEW AVE CITY-ST-ZIP CITY-ST-ZIP 33573 VALRICO FL 33594 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED