

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000030704

1. Entity Name

BOCA SUN CONTROL, INC.



Principal Place of Business

2622 N.W. 2ND AVENUE
BOCA RATON FL 33431

Mailing Address

2622 N.W. 2ND AVENUE
BOCA RATON FL 33431-8610

FILED
Aug 10, 2000 8:00 am
Secretary of State

08-10-2000 90004 040 ***150.00

00077470



DO NOT WRITE IN THIS SPACE

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

65-0575136

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

DEMMA, MARK
 4117 N.W. 2ND COURT
 BOCA RATON FL 33431

Name

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

City

FL

Zip Code

3. 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 applicable.

(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) ☐

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

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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEMMA, MARK A 4117 N.W. 2ND COURT BOCA RATON FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

✓ Mark Demma

✓ 4/21/00

C:\DOCS\4 (000)

Attachment
DBS # P95000030704
000 mch

BOCA SUN CONTROL INC - BUSINESS ECONOMY CHKG PROFILE

Account Number, Title and Address		Summary Information	
Stop Payment Details - Account 0016 11 94 8568		Details	
Stop Payment Criteria			
Amount	\$ 150.00	\$7,906.88	
Number/Range	3547	\$7,292.11	
Date	04/28/00	\$593.82	
Payee	DEPT. OF STATE	06/27/00	
Reason	LOST	04/26/95	
Expiration Date	06/28/01	00/00/00	
		05/31/00	
		0109434	
		650-57-5136	
Stop Payment Details		NORMAL-OPEN	
Date Placed	06/28/00	Associate	NBKM173
Time Placed	12:03:02	Cost Center	0109435
Fee Assessed	YES	NONE	
Customer Information		1	
Requested By	BOCA SUN CONTROL-M. DEMMA	NO	
Telephone Number	561-391-2356	0/30 1/90 3/365	
		0/30 0/90 0/365	
		ad Inquiry	
OK		Help	
		Help	

ATTN: SANBY.

FAX (561) 752-3232.

RICK M. MORSE, C.P.A., P.A.

Attachment
DOS # 95000030704
200070
Certified Public Accountant
1700 University Drive, Suite 300
Coral Springs, Florida 33071
(954) 752-2828, Fax (954) 752-3232
Toll Free (877) RIC-1040

July 20, 2000

Florida Dept of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

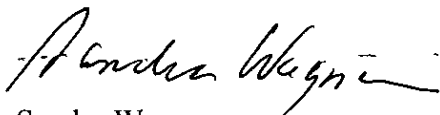
RE: Boca Sun Control
I D. 65-0575136

Gentlemen:

Upon reviewing the books for our client, Boca Sun Control, we found that the check issued for the Uniform Business Report never cleared the bank. We had a stop payment put on the check of 4/28/00 and are enclosing a copy of same .

Please accept this copy of the report together with a new check for \$150.00 so that this corporation can remain in good standing. Your understanding will be appreciated.

Very truly yours,



Sandra Wagner
For the Firm