

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000089321

1. Entity Name

SUN DETECTIVE AGENCY, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90088 032 \*\*\*150.00

Principal Place of Business

Mailing Address

316 W. CENTRAL AVE.  
607  
WINTER HAVEN FL 33880  
US

316 W CENTRAL AVE  
607  
WINTER HAVEN FL 33880-2970  
US

2. Principal Place of Business

330 Ave. B. SW

3. Mailing Address

P.O. Box 7054

Suite, Apt. #, etc.

Suite 1

Suite, Apt. #, etc.

City & State

Winter Haven FL

City & State

Winter Haven FL

4. FEI Number

59-3360156

Applied For

Not Applicable

Zip

33880

Country

Polk

Zip

33883-7054

Country

Polk

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

BURNHAM, DARRELL E  
316 W CENTRAL AVE  
#607  
WINTER HAVEN FL 33880

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

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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	PD	<input type="checkbox"/> Delete
NAME	BURNHAM, DARRELL E	
STREET ADDRESS	316 W CENTRAL AVE., SUITE 607	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: *Darrell E. Burnham, Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00  
Date

863-299-9773  
Daytime Phone #

CR2E034 (9/99)