

2002 UNIFORM BUSINESS REPORT
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90325 027 ***150.00

DOCUMENT # P96000015053

1. Entity Name

SUN AUTO PARTS EXPORT, INC.

671084

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2003 THRACE STREET

Suite, Apt. #, etc.

3. Mailing Address

2003 THRACE STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

CITY & STATE
TAMPA, FL 33605

CITY & STATE
TAMPA, FL 33605

4. FEI Number
543366980

Applied For
Not Applicable

Zip

33605

Country

US

Zip

33605

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
HENRY R. DAWD

Street Address (P.O. Box Number is Not Acceptable)
5191 EAGLE ISLAND DRIVE

City
LAND O LAKES

FL

Zip Code
34639

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IN THIS SPACE

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
HULL HERBERT E
7304 N. HOWARD AVENUE
TAMPA, FL 33604

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
B
TIMOTHY A. BARNETT
3403 LACEWOOD ROAD
TAMPA, FL 33618

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIMOTHY A. BARNETT, DIRECTOR

4/29/02

Date

813-933-3436

Daytime Phone #

CR2E034B (12/01)