

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90650 010 ***150.00

DOCUMENT # P96000019034

1. Entity Name
SUNATSU, INC.

Principal Place of Business
21 NE NINTH STREET
DELRAY BEACH FL 33444

Mailing Address
21 NE NINTH STREET
DELRAY BEACH FL 33444



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
910 N Swinton Ave
 Suite, Apt. #, etc.

3. Mailing Address
777 E. Atlantic Ave
 Suite, Apt. #, etc.
PO Box 246

City & State
Delray Beach FL

City & State
Delray Beach FL

Zip
33444

Country
USA

Zip
33483

Country
USA

4. FEI Number
65-0645206

Applied For
☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BOGLE, SUSAN R
21 NE NINTH STREET
DELRAY BEACH FL 33444

7. Name and Address of New Registered Agent

Name
Susan R Bogle

Street Address (P.O. Box Number is Not Acceptable)
910 N Swinton Ave

City
Delray Beach FL

Zip Code
33444

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 *Susan R Bogle* *Susan R Bogle* **3-4-02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE PT	<input type="checkbox"/> Delete
NAME NATALIE SUSAN BOGLE	
STREET ADDRESS 21 NE 9TH ST	
CITY-ST-ZIP DELRAY BEACH FL	
TITLE VPS	<input type="checkbox"/> Delete
NAME SUSAN RAYMOND BOGLE	
STREET ADDRESS 21 NE 9TH ST	
CITY-ST-ZIP DELRAY BEACH FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Natalie Susan Bogle	
STREET ADDRESS PO Box 246 777 E Atlantic Ave	
CITY-ST-ZIP Delray Beach FL 33483	
TITLE VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Susan Raymond Bogle	
STREET ADDRESS PO Box 246 777 E Atlantic Ave	
CITY-ST-ZIP Delray Beach FL 33444	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Susan Raymond Bogle* *Susan Raymond Bogle* **3-4-02 (561) 279-8359**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)