## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P96000048319 **DOCUMENT #**

1. Entity Name

SUNLITE PRODUCTS, INC.



Apr 16, 2003 8:00 am Secretary of State
04-16-2003 90177 047 \*\*\*150.00

**FILED** 

•	e of Business ARGARITA LANE A FL 33950	Mailing Address 702 SANTA MARGARITA LANE PUNTA GORDA FL 33950						
	Place of Business FEATHERSOUND Drive #, etc.	3. Mailing Address  3. Mailing Address  3. Mailing Address  Suite, Apt. #, etc.		ve_	☐ CHECK HERE IF MAKING CHANGES			
City & Stat	60rd n FL 33955	Punta Gorda FL		4.	4. FEI Number 65-0670689			pplied For
Zip 3399	Country	Zip 33955	Charloft	5.	Certificate of Sta	tus Desired	\$8.75 Ad	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent								
GROSS, D 702 SANT PUNTA GO	Street Address (P.O. Box Number is Not Acceptable)  26083 FEATHER DOWND Dr.							
			City <b>P</b>	who	GORDA	Fl	Zio Coo	755
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees			
TITLE	OFFICERS AND D		11.	Pres.	DDITIONS/CHAN	GES TO OFFICERS AN	D DIRECTOR Change	
NAME STREET ADDRESS CITY-ST-ZIP	GROSS, DONNA 702 SANTA MARGARITA LN PUNTA GORDA FL	L_l Delete	NAME STREET ADDRESS CITY-ST-ZIP	GROSS		SOUND DRIVE FL 33955	Change	Addition
TITLE * NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
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12. Thereby 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 10 or Block 11 if changed, or on an attachment with An address, with all other like empowered.

SIGNATURE: