

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90093 002 ***150.00

DOCUMENT # P96000089603

1. Entity Name

R.J.B. SUN ENTERPRISES, INC.

Principal Place of Business

**775 S KIRKMAN RD
 STE 115
 ORLANDO FL 32811**

Mailing Address

**775 S KIRKMAN RD
 STE 115
 ORLANDO FL 32811**

2. Principal Place of Business

775 S. Kirkman RD

3. Mailing Address

775 S. Kirkman RD

Suite, Apt. #, etc.

STE 115

Suite, Apt. #, etc.

STE 115

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32811

Country

U.S.A.

Zip

32811

Country

USA

6. Name and Address of Current Registered Agent

**KELLEY, JANET L
 5419 VINELAND RD
 ORLANDO FL 32811**

7. Name and Address of New Registered Agent

Name **Robert Whitman**

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

775 S. Kirkman STE 115

City

Orlando, FL

FL

Zip Code **32811**

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

Robert L. Whitman

4/10/01

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, 2001 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

TITLE **D** ☐ Delete
 NAME **KELLEY, JANET L**
 STREET ADDRESS **5419 VINELAND RD**
 CITY-ST-ZIP **ORLANDO FL 32811**

TITLE **D** ☐ Delete
 NAME **BODE, ROBERT J**
 STREET ADDRESS **5419 VINELAND RD**
 CITY-ST-ZIP **ORLANDO FL 32811**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☐ Addition
 NAME **Whitman, Cynthia M.**
 STREET ADDRESS **775 S. Kirkman STE 115**
 CITY-ST-ZIP **Orlando, FL 32811**

TITLE **D** ☐ Change ☐ Addition
 NAME **Whitman, Robert L.**
 STREET ADDRESS **775 S. Kirkman STE 115**
 CITY-ST-ZIP **Orlando, FL 32811**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/01

407523 0034

CR2E034 (10/00)