

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000090594

1. Entity Name

SUN SHADE, INC.

Principal Place of Business

1625 SW 1ST WAY
C-10
DEERFIELD BEACH FL 33441
US

Mailing Address

1625 SW 1ST WAY
C-10
DEERFIELD BEACH FL 33441
US

2. Principal Place of Business

1649 SW 1ST WAY

3. Mailing Address

1649 SW 1ST WAY

Suite, Apt. #, etc.

#B-3

4. FEI Number

65-0705512

Applied For

Not Applicable

Suite, Apt. #, etc.

#B-3

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

DEERFIELD BEACH, FL

City & State

DEERFIELD BEACH, FL

Zip

33441

Zip

33441

Country

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACOBS, CHRISTO D
1625 SW 1ST WAY #C-10
DEERFIELD BEACH FL 33441

Name

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

CR2E034 (10/00)

TITLE P Delete
NAME JACOBS, CHRISTO D.
STREET ADDRESS 1625 SW 1ST WAY #C-10
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP Delete
NAME JACOBS, DENNIS L.
STREET ADDRESS 1625 SW 1ST WAY #C-10
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

4/15/01 (454) 425-0161
Date Daytime Phone #