

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90196 001 ***158.75

DOCUMENT # P96000090594

1. Entity Name
SUN SHADE, INC.



Principal Place of Business
**1649 SW 1ST WAY
#B-3
DEERFIELD BEACH FL 33441
US**

Mailing Address
**1649 SW 1ST WAY
#B-3
DEERFIELD BEACH FL 33441
US**



2. Principal Place of Business
2620 NE 48 CRT

3. Mailing Address
2620 NE 48 CRT

Suite, Apt. #, etc.
LIGHTHOUSE POINT FL

Suite, Apt. #, etc.
LIGHTHOUSE POINT, FL

City & State

City & State

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0705512**

Applied For
Not Applicable

Zip
33064

Country

Zip
33064

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JACOBS, CHRISTO D
1649 SW 1ST WAY B-3
DEERFIELD BEACH FL 33441**

Name **JACOBS, CHRISTO D**
Street Address (P.O. Box Number is Not Acceptable)
2620 NE 48 CRT
City **LIGHTHOUSE POINT FL** Zip Code **33064**

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 _____ (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 Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **JACOBS, CHRISTO D.**
STREET ADDRESS **1649 SW 1 WAY B3**
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 **1649 SW 1 WAY B3**
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
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/03 **954 520 2454**
Date Daytime Phone #

CR2E034 (10/02)