

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000035924

1. Entity Name

SUN TUNNEL SKYLIGHTS T.F.L.E., INC.

f

FILED
Jul 24, 2000 8:00 am
Secretary of State

07-24-2000 90015 005 ***150.00

Principal Place of Business

981 INNSWOOD CT
LONGWOOD FL 32779

Mailing Address

981 INNSWOOD CT
LONGWOOD FL 32779

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3450767

Applied For

Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BREEN, MARIE-JOSE'
981 INNSWOOD CT
LONGWOOD FL 32779

Name

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

City

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE D ☐ Delete
NAME BREEN, MARIE-JOSE'
STREET ADDRESS 981 INNSWOOD CT
CITY-ST-ZIP LONGWOOD FL 32779

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

TITLE D ☐ Delete
NAME DAVIS, RENEE' B
STREET ADDRESS 4034 TIMBER RUN
CITY-ST-ZIP HAVANA FL 32333

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

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

Date

Daytime Phone #

Marie J Breen 7-1800 4076824887

CR2E034 (5/00)

P97000035924

ADOL9440

MEMORANDUM

TO
Division of Corporation,
P.O. Box 1500
Tallahassee, FL 32302-1500

FROM
Suntunnel Skylight TFL Inc
981 Fannwood Ct
Longwood, FL 32779

DATE 7-18-00

SUBJECT

MESSAGE

Per our telephone conversation enclosed is my check
For \$150. We have no record of receiving URB earlier.
When we received this second notice we also
received one for another company that we returned
to the postmaster.

Thank you for your understanding

Sincerely,
Marie J. Bui

PLEASE REPLY BY _____ NO REPLY NECESSARY _____

MEMORANDUM