

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000036111

1. Entity Name

SUNGUARD SHADE STRUCTURES, INC.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 JUN 29 AM 11:04

7558



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
4487 A-B ASHTON ROAD  
SARASOTA FL 34233  
US

Mailing Address  
4487 A-B ASHTON ROAD  
SARASOTA FL 34233  
US

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number 65-0754387  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
WALLACH, JORDAN  
1800 2ND ST.  
STE. 900  
SARASOTA FL 34238

7. Name and Address of New Registered Agent  
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 \$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 NAME STREET ADDRESS CITY-ST-ZIP  
PSD CONNELLY, KEVIN T 118 DORY LANE OSPREY FL 34229  
Delete  
Delete  
Delete  
Delete  
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Change Addition  
600004478716--0  
-07/17/01--01003--011  
\*\*\*\*150.00 \*\*\*\*150.00  
Change Addition  
Change Addition  
Change Addition  
SP

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:

Kevin T. Connelly KEVIN T. CONNELLY

19 JAN 01

941 955


925-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**STOP PAYMENT/UNAUTHORIZED DEBIT REQUEST**Account Name SUNGUARD SHADE STRUCTURE Account # 1001445 Fee 20.00

Financial Institution <u>LandMark Bank of Florida</u>		Accepted By _____	
Request Received	<input type="checkbox"/> In Person <input type="checkbox"/> By Phone <input checked="" type="checkbox"/> Written	Date Accepted <u>June 26</u> , 2001	Time <u>1:15</u> P M
<input checked="" type="checkbox"/> Check <input type="checkbox"/> ACH <input type="checkbox"/> Draft	Item Number <u>5917</u>	Item Dated _____	Payable To <u>FLORIDA DEPT OF STATE</u>
Reason for Stop Payment <u>CHECK LOST IN THE MAIL</u>		Other Info. Drawer _____	Duplicate Item Issued <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Number <u>6052</u>	Date <u>06/26/2001</u>
Amount <u>150.00</u>			
<p>I hereby revoke authorization of any draft payable to this company.</p> <p>This Institution and the undersigned hereby agree to abide by the rules and regulations (as outlined in the Uniform Commercial Code) governing Stop Payment Orders and the "NACHA" rules governing ACH revoked debts. Oral Stop Payment Orders (including by phone) are binding for 14 DAYS ONLY, unless the customer confirms the order with his signature (on the proper form) within the 14 day period. Properly signed Stop Payment Orders are effective for 6 months after date accepted and will automatically expire after that period unless renewed in writing. To be effective, a stop payment order must be received in time to give us a reasonable opportunity to act on it, and before our stop payment cut-off time, if any.</p> <p><u>SUNGUARD SHADE STRUCTURE</u> Authorized Signature</p> <p><b>IMPORTANT NOTICE!!</b> We process a large number of items per day, therefore, we may not manually inspect each one. The item descriptions must be EXACT or we will be unable to identify the item, making this stop payment ineffective.</p> <p> AUTHORIZED SIGNATURE</p>			

**NOTICE**

If you wish to release the Stop Payment Order described above hereof, or if you have recovered the item described above hereof, please sign below and return this form to the Bank so we may remove the Stop Payment Order from our records.

The Stop Payment order above hereof is released.

Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_

**RELEASE OF THE STOP PAYMENT ABOVE HEREOF****BY THE FINANCIAL INSTITUTION**

The item you placed on a Stop Payment Order on was presented \_\_\_\_\_ and payment was stopped. When the words "Payment Stopped" are stamped on the item The stamping eliminates all possibilities of the item being presented again, so therefore, we are removing your Stop Payment Order from our records.

Institution LandMark Bank of Florida

Authorized Signature \_\_\_\_\_

**BY DRAWER:**

Kindly Revoke Stop Payment On Reverse Side.

Revocation Mailed \_\_\_\_\_

Revocation Received \_\_\_\_\_ At \_\_\_\_\_ O'clock \_\_\_\_ M

Original Returned? \_\_\_\_\_ Date \_\_\_\_\_

DRAWER \_\_\_\_\_

By \_\_\_\_\_

Request and Revocation must bear same authorized signature

941-925-3000  
Fax: 941-925-3001  
1-800-319-1010



4487 A-B Ashton Road  
Sarasota, FL 34233

June 26, 2001

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Subject: Sunguard Shade Structures, Inc.

Reference Number: P97000036111

To Whom it May Concern:

Enclosed are copies of your letter dated June 18, 2001, the 2001 Uniform Business Report originally submitted on January 19, 2001, and a copy of our instructions to Landmark Bank to issue a stop payment.

Our check number 5917, which was written for \$150.00, has still not cleared our account so we have issued a stop payment. Therefore, enclosed you will also find a replacement check for \$150.00.

Under the stated circumstances I am requesting that the \$400.00 late fee be waived.

Sincerely,

Ruth Ann Spadaccino  
Administrative Manager