

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90386 049 ***150.00

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DOCUMENT # P98000044343



1. Entity Name
SUN PLAZA, INC.

Principal Place of Business
**440 N.W. MARKET PLACE
PORT ST. LUCIE FL 34986**

Mailing Address
**440 N.W. MARKET PLACE
PORT ST. LUCIE FL 34986**

11039152



2. Principal Place of Business
440 N.W. 525 SW South Macedo

3. Mailing Address
525 SW South Macedo

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Port St. Lucie Florida

City & State
Port St. Lucie Florida

4. FEI Number
65-0838682

Applied For
Not Applicable

Zip
34986 Country
USA

Zip
34986 Country
USA

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

**SCALERA, DEAN
440 N.W. MARKET PLACE
PORT ST. LUCIE FL 34986**

Name

Street Address (P.O. Box Number is Not Acceptable)
525 SW South Macedo

City
Port St. Lucie

FL

Zip Code
34986

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

Signature, typed or printed name of registered agent and title if applicable.

(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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SCALERA, DEAN
440 N.W. MARKET PLACE
PORT ST. LUCIE FL 34986** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**525 SW South Macedo
Port St. Lucie FL 34986** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SCALERA, SAM
440 N.W. MARKET PLACE
PORT ST. LUCIE FL 34986** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**525 SW South Macedo
Port St. Lucie FL 34986** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
SCALERA, THOMAS
440 N.W. MARKET PLACE
PORT ST. LUCIE FL 34986** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**525 SW South Macedo
Port St. Lucie FL 34986** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)