

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000064949

1. Entity Name

SUNGUARD PROTECTIVE FINISHES INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90156 019 ***150.00

Principal Place of Business

Mailing Address

40737 WOODTRAIL LANE
 ZEPHYRHILLS FL 33540

P.O. BOX 1772
 ZEPHYRHILLS FL 33539-1772

2. Principal Place of Business

3. Mailing Address

6205 Lullabye Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ZEPHYRHILLS, FL

Zip
 33541

Country

USA

Zip

Country

4. FEI Number

59-3565816

Applied For

Not Applicable

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

LENT, DAVID R
 5900 BEECH ST.
 ZEPHYRHILLS FL 33540

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, 2000 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

TITLE P
 NAME LEONARD, MICHAEL K ☐ Delete
 STREET ADDRESS 40737 WOODTRAIL LANE
 CITY-ST-ZIP ZEPHYRHILLS FL 33540

TITLE P ☒ Change ☐ Addition
 NAME LEONARD, MICHAEL K
 STREET ADDRESS 6205 LULLABYE LANE
 CITY-ST-ZIP ZEPHYRHILLS FL 33541

TITLE VP
 NAME LEONARD, KIMBERLY K ☐ Delete
 STREET ADDRESS 40737 WOODTRAIL LANE
 CITY-ST-ZIP ZEPHYRHILLS FL 33540

TITLE VP ☒ Change ☐ Addition
 NAME LEONARD, KIMBERLY K
 STREET ADDRESS 6205 LULLABYE LANE
 CITY-ST-ZIP ZEPHYRHILLS FL 33541

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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 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 #

CR2E034 (9/99)