

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083180

1. Entity Name

SUN COLONIAL UTILITIES, INC.

FILED

May 10, 2000 8:00 am
Secretary of State

05-10-2000 90113 042 ***150.00

Principal Place of Business

2252-A WINTER WOODS
WINTER PARK FL 32792

Mailing Address

2252-A WINTER WOODS
WINTER PARK FL 32792-1957

2. Principal Place of Business

827 OLD BARN RD

3. Mailing Address

P.O. BOX 66876

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FLORIDA

City & State

ORLANDO FLORIDA

4. FEI Number

59-3535003

Applied For

Not Applicable

Zip

32825

Country

ORANGE

Zip

32867

Country

ORANGE

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

PRINCE, IVAN
827 OLD BARN RD.
ORLANDO FL 32825

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	<input type="checkbox"/> Delete
NAME	PRINCE, IVAN	
STREET ADDRESS	827 OLD BARN RD.	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	V	<input type="checkbox"/> Delete
NAME	BRUMMITT, SAMMUEL	
STREET ADDRESS	827 OLD BARN RD.	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	V	<input type="checkbox"/> Delete
NAME	RAFF, JAMES	
STREET ADDRESS	827 OLD BARN RD.	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-27-00

Daytime Phone #

CR2E034 (9/99)