

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90089 004 ***150.00

DOCUMENT # P99000014114

1. Entity Name
SUNLIT DISPLAYS, INC.

Principal Place of Business

RT 3 BOX 158
MONTICELLO FL 32344

Mailing Address

RT 3 BOX 158
MONTICELLO FL 32344

2. Principal Place of Business

1986 Lloyel Creek Rd.
 Suite, Apt. #, etc.

3. Mailing Address

1986 Lloyel Creek Rd.
 Suite, Apt. #, etc.

City & State

Monticello FL

City & State

Monticello FL

4. FEI Number

59-3618792

Applied For

Not Applicable

Zip

32344

Country

USA

Zip

32344

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHULTS, WILLIAM A
RT 3 BOX 158
MONTICELLO FL 32344

7. Name and Address of New Registered Agent

Name: SAME / new address

Street Address (P.O. Box Number is Not Acceptable)
1986 Lloyel Creek Rd.

City: Monticello FL Zip Code: 32344

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, 2002 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 **P** ☐ Delete
NAME **SHULTS, WILLIAM A**
STREET ADDRESS **RT 3 BOX 158 1986 Lloyel Creek Rd**
CITY-ST-ZIP **MONTICELLO FL 32344**

TITLE **V** ☐ Delete
NAME **ZINGARELLI, CANDACE**
STREET ADDRESS **RT 3 BOX 158 1986 Lloyel Creek Rd.**
CITY-ST-ZIP **MONTICELLO FL 32344**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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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

William A. Shults **4/16/02** **850-997-4894**

Date

Daytime Phone #

CR2E034 (9/01)