

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020721

1. Entity Name

SUNBURST CLEANERS, INC.

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90039 042 \*\*\*150.00

Principal Place of Business

2225 BAY STREET  
SARASOTA FL 34237

Mailing Address

2225 BAY STREET  
SARASOTA FL 34237-8021

2. Principal Place of Business

1353 myakka Rd

Suite, Apt. #, etc.

3. Mailing Address

1353 myakka Rd.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Sarasota FL

City & State

Sarasota FL

4. FEI Number

65-0913766

Applied For

Not Applicable

Zip

34240

Country

USA

Zip

34240

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOORE, SCOTT A  
2225 BAY STREET  
SARASOTA FL 34237

7. Name and Address of New Registered Agent

Name

Scott A. Moore

Street Address (P.O. Box Number is Not Acceptable)

1353 myakka Rd

City

Sarasota

FL

Zip Code

34240

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

TITLE **D** ☐ Delete  
NAME **MOORE, SCOTT A**  
STREET ADDRESS **2225 BAY STREET**  
CITY-ST-ZIP **SARASOTA FL 34237**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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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 **D/P** ☒ Change ☐ Addition  
NAME **Scott A Moore**  
STREET ADDRESS **1353 myakka Rd**  
CITY-ST-ZIP **Sarasota FL 34240**

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

TITLE ☐ Change ☐ Addition  
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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

7-24-00 941-362-0659

Date

Daytime Phone #