

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000029130

1. Entity Name

FLORIDA SUN CONTROL, INC.

FILED

Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90071 039 ***150.00

Principal Place of Business

14482 CYPRESS ISLAND CIRCLE
PALM BEACH GARDENS FL 33410

Mailing Address

14482 CYPRESS ISLAND CIRCLE
PALM BEACH GARDENS FL 33410

937462



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1233 Old Dixie Hwy
Suite, Apt. #, etc.
LAKE PARK

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0906386

Applied For

Not Applicable

Zip
33403

Country
Palm Beach

Zip

Country

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

GLICKMAN, GARRY M ESQ.
GLICKMAN, WITTERS, MARELL AND JAMIESON
1601 FORUM PLACE, SUITE 1101
WEST PALM BEACH FL 33401

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D SAVASTANO, JAMES A 14482 CYPRESS ISLAND CIRCLE PALM BEACH LAKES FL 33410	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

3-26-01 561-842-1190

CR2E034 (10/00)