## **2002 UNIFORM BUSINESS REPORT (UBR)**

## May 29, 2002 8:00 am § Secretary of State P99000038104 DOCUMENT # 1. Entity Name SOUTHERN SUN CONSTRUCTION, INC. 05-29-2002 90673 047 \*\*\*550.00 Principal Place of Business Mailing Address 713-49TH STREET 713-49TH STREET **BRADENTON FL 34208 BRADENTON FL 34208** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0913460 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLALQCK, LANDERS, WALTERS & VOGLER, P.A. Street Address (P.O. Box Number is Not Acceptable) 802-11TH STREET WEST **BRADENTON FL 34205** City Zip Code FŁ 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete CR2E034 (9/01) TITLE Change ☐ Addition NAME CASPER, RICHARD D II NAME 713- 49TH ST E. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34208** CITY-ST-ZIP TITLE TS ☐ Delete TITLE Change ☐ Addition NAME CASPER, LISA A NAME STREET ADDRESS 713- 49TH ST E. STREET ADDRESS CITY-ST-ZIF **BRADENTON FL 34208** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME KILBY, DOUGLAS A NAME 8063 ROYAL BIRKDALE CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34202** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

ISA A. CASPER

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

05/22/02 (941)750=0375

**FILED**