

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102023

1. Entity Name  
**EGYPTIAN SUN, INC.**

Principal Place of Business  
**595 W. GRANADA BLVD., STE. A  
ORMOND BEACH FL 32174**

Mailing Address  
**595 W. GRANADA BLVD., STE. A  
ORMOND BEACH FL 32174**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3630666**

Applied For  
Not Applicable

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

**SWEET, JEFFREY C  
595 W. GRANADA BLVD., STE. A  
ORMOND BEACH FL 32174**

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	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	<b>D</b>	<b>SWEET, JEFFREY C ESQ</b>	<b>595 W. GRANADA BLVD., STE. A ORMOND BEACH FL 32174</b>	<input checked="" type="checkbox"/>		<b>D/S/T</b>	<b>Shari Ferritto</b>	<b>595 W. Granada Blvd., Ste. A Ormond Beach, FL 32174</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>D</b>	<b>FERRITTO, RICHARD W</b>	<b>595 W. GRANADA BLVD., STE. A ORMOND BEACH FL 32174</b>	<input type="checkbox"/>		<b>D/P</b>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>D</b>	<b>BOALES, MAXWELL C</b>	<b>595 W. GRANADA BLVD., STE. A ORMOND BEACH FL 32174</b>	<input checked="" type="checkbox"/>		<b>V/P</b>	<b>Jeffrey Sweet, Esq.</b>	<b>595 W. Granada Blvd., Ste. A Ormond Beach, FL 32174</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

**Sign Here**

Date

Daytime Phone #

**904/677-0809**

0009765

CR2E034 (10/00)