

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S49636**

1. Entity Name  
**SUNWAVE INC.**

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90106 020 \*\*\*150.00

Principal Place of Business  
**2950 NW COMMERCE PARK DR  
STE 8  
BOYNTON BEACH FL 33426  
US**

Mailing Address  
**2950 NW COMMERCE PARK DR  
STE 8  
BOYNTON BEACH FL 33426  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0258741**

Applied For  
Not Applicable

Zip

Country

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

**LABOSCO, ROBERT**  
**2210 SE 1ST ST.**  
**BOYNTON BEACH FL 33435**

**4223 QUILL CIRCLE  
LAKE WORTH, FL 33467**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**  
NAME **LABOSCO, FRANK**  
STREET ADDRESS **4700 SKYLINE DRIVE**  
CITY-ST-ZIP **FLOWER MOUND TX 75028**

TITLE **D**  
NAME **LABOSCO, FRANK**  
STREET ADDRESS **1135 Cogville**  
CITY-ST-ZIP **Siesta Key FL 34242**

TITLE **VDST**  
NAME **LABOSCO, JUDY**  
STREET ADDRESS **4223 QUILL CIRCLE**  
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD**  
NAME **LABOSCO, ROBERT**  
STREET ADDRESS **4223 QUILL CIRCLE**  
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE  
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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: **SUNWAVE INC.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/02** **561**  
**533-5354**  
Date Daytime Phone #

CR2E034 (9/01)