

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2003 8:00 am
Secretary of State

09-04-2003 90066 027 ***550.00

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DOCUMENT # S49636

1. Entity Name
SUNWAVE INC.



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
1499 SW 30th AVE

Suite, Apt. #, etc.
svite 27

City & State
BOYNTON BEACH FL

Zip
33426

Country
USA

3. Mailing Address
1499 SW 30th AVE

Suite, Apt. #, etc.
svite 27

City & State
BOYNTON BEACH FL

Zip
33426

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0258741**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **LABOSCO, ROBERT**
Street Address (P.O. Box Number is Not Acceptable)
110 YACHT CLUB WAY #208

City **Hypoluxo** FL Zip Code **33462**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Robert Labosco** **Robert LABOSCO president** **9/2/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LABOSCO, FRANK 1135 COQUILLE SARASOTA FL 34242 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDST LABOSCO, JUDY 4223 QUILL CIRCLE LAKE WORTH FL 33467 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LABOSCO, ROBERT 4223 QUILL CIRCLE LAKE WORTH FL 33467 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LABOSCO, JUDY 4223 QUILL CIRCLE LAKE WORTH, FL 33467 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST LABOSCO, ROBERT 110 YACHT CLUB WAY #208 Hypoluxo, FL 33462 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LABOSCO, RANDY 1004 COLONY STREET FLOWERMOUND, TX 75028 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Robert Labosco** **9/2/03** **561 572-0108**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)