

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V06248

1. Entity Name

SOUTH FLORIDA SUN BLOCKERS, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90046 036 \*\*\*150.00

Principal Place of Business

Mailing Address

~~7300 W. CAMINO REAL  
 SUITE 227  
 BOCA RATON FL 33433  
 US~~

~~7300 W. CAMINO REAL  
 SUITE 227  
 BOCA RATON FL 33433-1505  
 US~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

21000 Boca Rio RD  
 Suite, Apt. #, etc.  
 SUITE A 18

21000 Boca Rio RD  
 Suite, Apt. #, etc.  
 SUITE A 18

City & State  
 Boca Raton FL

City & State  
 Boca Raton FL

4. FEI Number 65-0301391

Applied For  
 Not Applicable

Zip 33433

Country USA

Zip 33433

Country USA

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

MURRAY, ELLEN S.  
 7300 W. CAMINO REAL  
 SUITE 227  
 BOCA RATON FL 33433

Name MURRAY ELLEN S  
 Street Address (P.O. Box Number is not Acceptable)  
 21000 Boca Rio Rd. Suite A18  
 City Boca Raton FL Zip Code 33433

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 ELLEN S. MURRAY X Ellen S. Murray 4/21/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

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, 2000 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

| 11. OFFICERS AND DIRECTORS |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11             |      |
|----------------------------|---|---|------|
| TITLE                      | NAME  | TITLE   | NAME |
| PD                         | MURRAY, ELLEN S.<br>7226 PANACHE WAY<br>BOCA RATON FL | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| VD                         | MURRAY, AMY R.<br>7226 PANACHE WAY<br>BOCA RATON FL   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
|                            |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
|                            |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
|                            |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
|                            |   | <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: ELLEN S. MURRAY X Ellen S. Murray 4/21/00 (561)-883-9994  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)