

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

2. Principal Place of Business

3. Mailing Address

21000 Boca Rio RD

21000 Boca Rio RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A 18

Suite A 18

City & State

City & State

Boca Raton FL

Boca Raton FL

4. FEI Number

65-0301391

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

33433

USA

33433

USA

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

(NOTE: Registered Agent signature required when reinstating)

4/21/00

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

TITLE PD
NAME MURRAY, ELLEN S.
STREET ADDRESS 7226 PANACHE WAY
CITY-ST-ZIP BOCA RATON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME MURRAY, AMY R.
STREET ADDRESS 7226 PANACHE WAY
CITY-ST-ZIP BOCA RATON FL

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

ELLEN S. MURRAY
Signature and Typed or Printed Name of Signing Officer or Director

4/21/00 (561)-883-7794

Date

Daytime Phone #

CR2E034 (9/99)