

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **V06248**

1. Entity Name

*South Florida Sun Blockers, Inc.*

**FILED**

02 JAN 10 PM 2:19

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DO NOT WRITE IN THIS SPACE**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*21000 Boca Rio Rd.*

3. Mailing Address

*21000 Boca Rio Rd.*

Suite, Apt. #, etc.

*Suite - A-18*

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

*US*

Zip

*33433*

Country

*US*

6. Certificate of Status Desired

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

*Ellen F. Murray*

Street Address (P.O. Box Number is Not Acceptable)

*21000 Boca Rio Rd.*

*Suite A-18*

City

*Boca Raton*

FL

Zip Code *33433*

**DO NOT WRITE  
IN THIS SPACE**

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 submitting)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1: Fee is \$150.00  
After May 1: Fee is \$550.00  
Amended UBR is \$67.28  
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

TITLE: **PRESIDENT**  
NAME: *Murray, Ellen S.*  
STREET ADDRESS: *7226 Panache Way*  
CITY-ST-ZIP: *Boca Raton, FL 33433*

TITLE: **Vice President + Director**  
NAME: *Murray, Amy R.*  
STREET ADDRESS: *7226 Panache Way*  
CITY-ST-ZIP: *Boca Raton, FL 33433*

TITLE: **DELETE - OFFICER**  
NAME: *AMY MURRAY*  
STREET ADDRESS: *Vice President + Director*  
CITY-ST-ZIP:

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 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

*1/9/02* 361-883-9994

Date Daytime Phone #