## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # V06302** Apr 28, 2000 8:00 am Secretary of State 1. Entity Name SUNGREENE INCORPORATED 04-28-2000 90018 021 \*\*\*150.00 Mailing Address Principal Place of Business 4113 GREAT GOLFERS PL 4113 GREAT GOLFERS PL VALRICO FL 33594-6955 VALRICO FL 33594 2. Principal Place of Business 3. Mailing Address acticld Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 126 Applied For 4. FEI Number 59-3100963 Not Applicable Country Hillsborough \$8.75 Additional 5. Certificate of Status Desired ills.borough Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name lagashira TAGASHIRA, EIJI 4113 GREAT GOLFERS PL VALRICO FL 33594 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DVST ☐ Change ☐ Addition TITLE ☐ Delete TITLE. TAGASHIRA, EIJI NAME NAME STREET ADDRESS 4113 GREAT GOLFERS PL STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP VALRICO FL Change ☐ Addition ☐ Delete TITLE TITLE SADATO, KATSUMI NAME NAME 162-1 ZAO-CHO STREET ADDRESS STREET ADDRESS CITY-ST-ZIE HIROSHIMA, JAPAN CITY-ST-ZIP ∠ Change ☐ Addition Delete TITLE TITLE SAPUTO, VITO J NAME NAME 1463 Dakticld Drive, Suite 4113 GREAT GOLFERS PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VALRICO FL CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

ANGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR