## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 06, 2002 8:00 am secretary of State DOCUMENT # 401829 1. Entity Name 03-06-2002 90006 031 \*\*\*158.75 SUN MARKETS CORPORATION Principal Place of Business Mailing Address 37 N.W. HWY 19 37 N.W. HWY 19 CRYSTAL RIVER FL 32628 **CRYSTAL RIVER FL 32628** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1397925 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FISHER III, ARTHUR W. Street Address (P.O. Box Number is Not Acceptable) 6304 BENJAMIN RD, STE 500 **TAMPA FL 33614** Zip Code City 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 reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME PLUMMER, PEGGY A. STREET ADDRESS STREET ADDRESS 9750 W. DUNNELLON RD. CITY-ST-ZIP CITY-ST-ZIP CRYSTAL RIVER FL Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME PLUMMER, HENRY J. STREET ADDRESS STREET ADDRESS 9750 W. DUNNELLON RD. CITY-ST-ZIP CITY-ST-ZIP CRYSTAL RIVER FL ☐ Change ☐ Addition TITLE Detete TITLE NAME NAME TIPTON, JAMES D. STREET ADDRESS STREET ADDRESS 1423 RIVER MILL ROW CITY-ST-ZIP CITY-ST-ZIP BAYONET POINT FL ☐ Change Addition ŤITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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ummer /28/5,02 \$795-2467 SIGNATURE:

13. I hereby certify that the information supplied with this filling 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

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