2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

401829 **DOCUMENT #**

1. Entity Name

SUN MARKETS CORPORATION



FILED Feb 13, 2003 8:00 am Secretary of State

02-13-2003 90272 045 ***158.75

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Principal Place 37 N.W. HWY 19 CRYSTAL RIVER	9	Mailing Address 37 N.W. HWY 19 CRYSTAL RIVER FL 32628 3. Mailing Address									
2. Principal Pla	ce of Business										
Suite, Apt. #, etc.		Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
City & State		City & State				4. F	El Number 59-1397925		Applie Not Ap	d For oplicable	
Zip	Country	Zìp Coun			ry	5. Certificate of Status Desired \$8.75 Additional Fee Required			nal		
	6. Name and Address of Curren	t Registere	d Agent	L .		7N	ame and Address of New Registe	red Agent			
<u> </u>	6. Name and Address of Care				Name		,				
FISHER III, ARTHUR W. 6304 BENJAMIN RD, STE 500			Street Addr			ss (P.O. Box Number is Not Acceptable)					
TAMPA FL								_			
					City			rL	Code		
8. The above the obligation	named entity submits this statement ons of registered agent.	for the purp	ose of changing its	s register	ed office or regis	tered ago	ent, or both, in the State of Florida.	1 am familiar	witn, and	accept	
SIGNATURE _	Signature, typed or printed name of registered age	nt and title if app	licable. (NO	TE: Registere	d Agent signature requ	ired when re	einstating)	DATE			
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.0 Payable to Florida Department) of State					Election Campaign Financin Trust Fund Contribution.		\$5.00 Added to	Fees	
	OFFICERS AN		IPS	11.		AC	DITIONS/CHANGES TO OFFICERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PLUMMER, PEGGY A. 9750 W. DUNNELLON RD. CRYSTAL RIVER FL		☐ Delete		1	_		□ Ch		Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PLUMMER, HENRY J. 9750 W. DUNNELLON RD. CRYSTAL RIVER FL		☐ Delete							Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIPTON, JAMES D. 1423 RIVER MILL ROW BAYONET POINT FL		Delete	NA ST	LE ME REET ADDRESS Y-ST-ZIP						
TITLE NAME STREET ADORESS			☐ Delete	ST	LE ME REET ADDRESS IY-ST-ZIP			C1	nange	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Delete	NA ST	ILE ME REET ADDRESS TY-ST-ZIP			□ c	hange	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied	with this filin	☐ Delete	N/ ST	TLE AME REET ADDRESS TY-ST-ZIP xemption stated	in Section	n 119.07(3)(i), Florida Statutes. ⊦ fur		hange	Addition formation	

i hereby ceruity that the information supplied with this filing does not quality 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.