

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91473 015 \*\*\*158.75

**DOCUMENT # 425984**

1. Entity Name  
**SUN REALTY, INC.**

Principal Place of Business  
**109 SE FLORESTA DRIVE  
PORT ST. LUCIE FL 34983  
US**

Mailing Address  
**109 SE FLORESTA DRIVE  
PORT ST. LUCIE FL 34983  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**59-1474003**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KING, GEORGE E  
109 SE FLORESTA DRIVE  
PORT ST. LUCIE FL 34983**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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) DATE \_\_\_\_\_

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	<b>P</b>			<input type="checkbox"/> Delete	
	<b>KING, GEORGE E</b>	<b>109 SE FLORESTA DRIVE</b>	<b>PORT ST. LUCIE FL</b>		
	<b>V</b>			<input checked="" type="checkbox"/> Delete	
	<b>BROVA, MARTHA</b>	<b>109 SE FLORESTA DR</b>	<b>PORT ST LUCIE FL</b>		
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GEORGE E. KING**

**4-17-2002 (772) 878-2600**

Date

Daytime Phone #

CR2E034 (9/01)

Attachment # 425984

948836

JANUARY 1, 2001

GEORGE E KING, PRESIDENT  
SUN REALTY, INC.  
109 SE FLORESTA DRIVE  
PORT ST LUCIE, FLORIDA 34983

DEAR GEORGE,

PLEASE ACCEPT MY RESIGNATION AS DIRECTOR OF SUN REALTY, INC. CORPORATION  
EFFECTIVE JANUARY 1, 2001.

THANK YOU,

  
MARTHA ANN BROVA