

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90167 048 ***150.00

0669692 AB

DOCUMENT # F00000001358

1. Entity Name
SUN VALLEY, INC.



Principal Place of Business
~~28968 PAUL DRIVE~~
ELKHART IN 46514

Mailing Address
~~28968 PAUL DRIVE~~
ELKHART IN 46514

2. Principal Place of Business

1135 Kent St

3. Mailing Address

1135 Kent St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Elkhart IN.

City & State

Elkhart

Zip

46514

Country

U.S.

Zip

46514

Country

U.S.

4. FEI Number

35-2093039

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MORRISON, DANIEL A**
STREET ADDRESS **55105 COLONIAL RIDGE**
CITY-ST-ZIP **BRISTOL IN 46507**

TITLE **SD** ☐ Delete
NAME **VAN KIRK, LEROY**
STREET ADDRESS **68437 BELLOWS ROAD**
CITY-ST-ZIP **WHITE PIGEON MI 49099**

TITLE **TD** ☐ Delete
NAME **FULMER, L. CRAIG**
STREET ADDRESS **120 W LEXINGTON AVE**
CITY-ST-ZIP **ELKHART IN 46516**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DO NOT SIGN HERE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03

Date

574-262-1823

Daytime Phone #

CR2E034 (10/02)