## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED DOCUMENT # G65970** Mar 24, 2000 8:00 am 1. Entity Name **Secretary of State** SUN CONSTRUCTION AND MARINE, INC. 03-24-2000 90092 020 \*\*\*150.00 Principal Place of Business Mailing Address 108 BAILEY DR 108 BAILEY DR NICEVILLE FL 32578-2746 NICEVILLE FL 32578 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 59-2334354 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MILLER, MARK WILLIAM Street Address (P.O. Box Number is Not Acceptable) 827 WEEDEN ISLAND RD. NICEVILLE FL 32578 Zip Code FL 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. (NOTE, Registered Agent signature required when reinstating) DATÉ Signature, typed or printed name of registered agent and title if applicable 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. After MAY 1, 2000 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition Change Delete TITLE TITLE MILLER, GERALD R. NAME NAME STREET ADDRESS STREET ADDRESS 4514 PARKVIEW LANE CITY-ST-ZIP CITY-ST-ZIP NICEVILLE FL Change Addition ☐ Delete TITLE TITLE MILLER, DOROTHY NAME NAME STREET ADDRESS STREET ADDRESS 1417 BAYSHORE DRIVE CITY-ST-ZIP CITY-ST-7IP NICEVILLE, FL 00000 Delete Change Addition TITLE TITLE MILLER, MARK WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS 827 WEEDEN ISLAND RD. CITY-ST-ZIP CITY-ST-ZIP NICEVILLE, FL 00000 Delete TITI F Change ☐ Addition TITLE MILLER, KEVIN ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 150 DANA POINT RD CITY-ST-ZIP CITY-ST-ZIP NICEVILLE FL 32578 Change ☐ Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

J. Miller