

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90079 006 \*\*\*150.00

0061265 AV

**DOCUMENT # G65970**

1. Entity Name  
**SUN CONSTRUCTION AND MARINE, INC.**

Principal Place of Business Mailing Address  
**108 BAILEY DR 108 BAILEY DR**  
**NICEVILLE FL 32578 NICEVILLE FL 32578**

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 **59-2334354** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MILLER, MARK WILLIAM**  
**827 WEEDEN ISLAND RD.**  
**NICEVILLE FL 32578**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	MILLER, GERALD R.	
STREET ADDRESS	4514 PARKVIEW LANE	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	DST	<input type="checkbox"/> Delete
NAME	MILLER, DOROTHY	
STREET ADDRESS	1417 BAYSHORE DRIVE	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MILLER, MARK WILLIAM	
STREET ADDRESS	827 WEEDEN ISLAND RD.	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MILLER, KEVIN ROBERT	
STREET ADDRESS	150 DANA POINT	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	Officer/Secretary	<input type="checkbox"/> Delete
NAME	Charlotte A. Miller	
STREET ADDRESS	150 Dana Pointe	
CITY-ST-ZIP	Niceville, FL 32578	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** *Mark W. Miller* **Mark W. Miller** **3-8-02** **850-678-5100**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 President

CR2E034 (9/01)