

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90083 032 ***150.00

DOCUMENT # G65970

1. Entity Name
SUN CONSTRUCTION AND MARINE, INC.



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

Mailing Address
**108 BAILEY DR
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

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 RD	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	OS	<input type="checkbox"/> Delete
NAME	MILLER, CHARLOTTE A	
STREET ADDRESS	150 DANA POINT RD	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8 Bluewater Pointe	
CITY-ST-ZIP	Niceville, FL 32578	
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		

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: **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-03

850-678-5100

CR2E034 (10/02)