

2000 UNIFORM BUSINESS REPORT (UBR)

2/29/00-90182-022-\$150.00-\$150.00

DOCUMENT # M64452

1. Entity Name

SUN ASSOCIATES, LTD., INC.

FILED

00 MAR 20 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

8635 S. E. C-25
P. O. BOX 3157
BELLEVUE FL 34421
US

Mailing Address

~~8635 S. E. C-25~~
P. O. BOX 3157
BELLEVUE FL 34421-3157
US

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 65-0038239

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

MERTHE, CAROL
8635 S. E. C-25
P. O. BOX 3157
BELLEVUE FL 34421

Name JAMES P. MERTHE
Street Address (P.O. Box Number is Not Acceptable)
8635 S. E. C-25
P. O. BOX 3157
City BELLEVUE, FL FL Zip Code 34421

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, 2000 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 VPD
NAME MERTHE, CAROL A.
STREET ADDRESS 8635 S. E. C-25
CITY-ST-ZIP BELLEVUE FL ☒ Delete

TITLE PSDT
NAME MERTHE, JAMES P.
STREET ADDRESS 8635 S. E. C-25
CITY-ST-ZIP BELLEVUE FL 34420 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

TITLE D MYLAEN A. MERTHE
NAME 8635 SE C-25
STREET ADDRESS P.O. BOX 3157
CITY-ST-ZIP BELLEVUE, FL 34421 (Box #) ☐ Change ☒ Addition

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

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

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

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: JAMES P. MERTHE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

A 2-21-00

Date

X 352-245-7373

Daytime Phone #

CR2E034 (9/99)