

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000085075

1. Entity Name

Sunex, Inc

FILED

02 SEP 13 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8100 NW 21st St.
Suite, Apt. #, etc.

3. Mailing Address
8100 NW 21st St.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Sunrise, Fla.
Zip
33322 Country
USA

City & State
Sunrise, Fla.
Zip
33322 Country
USA

4. FEI Number
65-1039450
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Melea Goins
Street Address (P.O. Box Number is Not Acceptable)
8100 NW 21st St.
City
Sunrise FL Zip Code
33322

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 Melea Goins (Melea Goins - Agent) 08-15-02
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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	D McCombie, Brenda 3236 Grayleaf Dr. Wilmington, NC. 28409	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P King, Mark Q. 3236 Grayleaf Dr. Wilmington, N.C. 28409	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BRANKIN, DARR M. 3236 Grayleaf Dr. Wilmington NC. 28409	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Melea Goins 8100 NW 21st St. Sunrise FL 33322	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mark Q. King Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-15-02 (910) 231-9518
Date Daytime Phone #

CR2E034B (12/01)

21 5/13/02

SUNEX INC. 10-00
954-370-2955
9421 N.W. 15TH ST.
PLANTATION, FL 33322

670827 1027

Date 4/29/02

63-27/631 FL
807

Pay to the Order of Department of State \$ 150.00
One hundred Fifty & 00/100 Dollars

Bank of America.

ACH R/T 083100277

For _____

⑆063100277⑆ 003669371724 1027 ⑆0000015000⑆

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT # 1009068796

MAY 22 2002

DEPOSITED
05/30/02
BANK OF AMERICA JAX
⑆063000000⑆ ⑆15000 01⑆01

VS DATE 05/30/02
POST \$ 663.00

MAY 29 02