

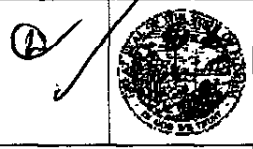
**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 23, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90376 042 \*\*\*150.00

**DOCUMENT # P0000085075**

1. Entity Name  
**SUNEX, INC.**



Principal Place of Business  
**8400 NW 21ST STREET  
SUNRISE, FL 33322**

Mailing Address  
**8400 NW 21ST STREET  
SUNRISE, FL 33322**

**55049364**

2. Principal Place of Business

**Dan Bramlitt**  
Suite, Apt. #, etc.  
**1648 SW 7th drive**

3. Mailing Address

**Mark Q King**  
Suite, Apt. #, etc.  
**3236 Grey Leaf Dr**

City & State

**Pompano Bch FL**

City & State

**Wilmington, NC**

Zip

**33060**

Country

**Broward**

Zip

**28409**

Country

**New Hanover**

4. FEI Number

**65-1039450**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GOINS, MELEA  
8100 NW 21ST STREET  
SUNRISE, FL 33322**

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. 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 resigning)

DATE

**FILE NOW! - FEES \$150.00  
May 1, 2003 Fee will be \$50.00  
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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	MCCOMBIE, BRENDA	3236 GREYLEAF DR	WILMINGTON, NC 28409	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P	KING, MARK Q	3236 GREYLEAF DR	WILMINGTON, NC 28409	<input type="checkbox"/>	<input type="checkbox"/>
VP	BRANLITT, DAN M	3236 GREYLEAF DR	WILMINGTON, NC 28409	<input type="checkbox"/>	<input type="checkbox"/>
D	GOINS, MELEA	8100 NW 21ST STREET	SUNRISE, FL 33322	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

6-19-03 910 791 2538  
Date Daytime Phone #

CFR2034 (10/02)

attachment 55049364  
#P0000085075

This is the corrected  
form. → The payment  
has already been made.  
Thank you

Mark D King  
3236 Grey Leaf Dr  
Wilmington, NC  
28409

910-791-2538

SunEx

Acc# P0000085075

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