

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000095312

1. Entity Name

SUN MARKETING, INC.

Principal Place of Business

750 OFFICE PLAZA BLVD. STE 304
KISSIMMEE FL 34744

Mailing Address

750 OFFICE PLAZA BLVD. STE 304
KISSIMMEE FL 34744

2. Principal Place of Business

35928 Hwy 19 N.

3. Mailing Address

Suite, Apt. #, etc.

City & State

PAIM HARBOR FL.

City & State

Zip

Country

34684 PINELLAS

Zip

Country

4. FEI Number

593674628

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FINANCIAL FOUNDATIONS, INC.
3150 SANDY RIDGE DRIVE
CLEARWATER FL 33761

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

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, 2001 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 P
NAME HAYS, PHILIP
STREET ADDRESS 750 OFFICE PLAZA BLVD. STE 304
CITY-ST-ZIP KISSIMMEE FL 34744 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES
NAME GARRY GRIMSHAW
STREET ADDRESS 750 OFFICE PLAZA BLVD # 304
CITY-ST-ZIP KISSIMMEE FL. 34744 ☐ Change ☒ Addition

TITLE VPRES
NAME KATHRYN O'DONNELL HAYS
STREET ADDRESS 2418 HOUNDS TAIL
CITY-ST-ZIP PALM HARBOR FL. 34683 ☐ 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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-01 727-365-032

CR2E034 (10/00)