

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000002384

1. Entity Name

SUN MART U.S.A. INC.

Principal Place of Business

2370 W OAK RIDGE RD
OAK RIDGE PLAZA
ORLANDO FL 32809
US

Mailing Address

2370 W OAK RIDGE RD
OAK RIDGE PLAZA
ORLANDO FL 32809
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

59-3154991

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHURCHILL, THOMAS L
2370 W OAK RIDGE ROAD
ORLANDO FL 32809

7. Name and Address of New Registered Agent

Name **FERBE JOY CHURCHILL**

Street Address (P.O. Box Number is Not Acceptable)
7229 BLACK BULL LANE

City **ORLANDO**

FL

Zip Code **32835**

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.

THOMAS L. CHURCHILL

Thomas L Churchill

SIGNATURE **FERBE JOY CHURCHILL**

Ferbe Joy Churchill

3/15/01

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 **D** ☒ Delete
NAME **CHURCHILL, THOMAS L**
STREET ADDRESS **2370 W. OAK RIDGE RD.**
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **FERBE JOY CHURCHILL** ☒ Change ☐ Addition
NAME **7229 BLACK BULL LANE**
STREET ADDRESS **ORLANDO FL 32835**
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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: **Ferbe Joy Churchill**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FERBE JOY CHURCHILL 3/15/01 (407) 8598130

Date

Daytime Phone #

0067228

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE