## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## FILED Mar 26, 2001 8:00 am Secretary of State DOCÚMENT # P94000058395 1. Entity Name SUN MARKETING ASSOCIATES, INC. 03-26-2001 90159 042 \*\*\*150.00 Principal Place of Business Mailing Address 1200 STARKEY ROAD 1200 STARKEY ROAD STE 110 **STE 110** LARGO FL 33771 LARGO FL 33771 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FFI Number 59-3263968 Not Applicable 7in Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LARSON, ARLAN Street Address (P.O. Box Number is Not Acceptable) 1200 STARKEY ROAD **STE 110 LARGO FL 33771** City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. $\Box$ (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE CR2E034 (10/00) Delete Change Coo LARSON, ARLAN NAME NAME Larson, Arlan 1200 Starkey Rd., siste 110 STREET ADDRESS 1822 DREW ST. STE #1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33765** TITLE Delete TITLE President Edward Smeltz NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP\*> -CITY-ST-ZIP TA ☐ Change TITLE ☐ Delete TITLE VP Marketing Addition NAME MAME Michael Williams 1200 Stockey Rd., Suite 110 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-789 Largo, FL 33771 TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME John www Rd., Suite 110 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FL 33771 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE TITLE ☐ Change ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP 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 vustee impowered 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 actives with all other like empowered.