

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90071 044 \*\*\*158.75

**DOCUMENT # P94000086669**

**1. Entity Name**  
**SUN KING PETROLEUM CO.**



**Principal Place of Business**  
7014 A C SKINNER PARKWAY  
SUITE 290  
JACKSONVILLE FL 32256  
US

**Mailing Address**  
7014 A C SKINNER PARKWAY  
SUITE 290  
JACKSONVILLE FL 32256  
US

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

**4. FEI Number** 59-3285709

Applied For

Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**NANCY F. FALLS**  
7014 A C SKINNER PARKWAY  
SUITE 290  
JACKSONVILLE FL 32256

**Name** Donna A. Miller  
**Street Address (P.O. Box Number is Not Acceptable)** 7014 A. C. Skinner Parkway  
**Suite** Suite 290  
**City** Jacksonville, **FL** **Zip Code** 32256

**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** **Donna A. Miller** **2/1/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** D ☐ Delete  
**NAME** RAY, J.G. J  
**STREET ADDRESS** 7014 A C SKINNER PKWY, SUITE 290  
**CITY-ST-ZIP** JACKSONVILLE FL 32256

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

**TITLE** DVP ☐ Delete  
**NAME** FRANCIS, JAMES D.  
**STREET ADDRESS** 7014 A C SKINNER PKWY, SUITE 290  
**CITY-ST-ZIP** JACKSONVILLE FL 32256

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

**TITLE** S ☒ Delete  
**NAME** FALLS, NANCY F.  
**STREET ADDRESS** 7014 A C SKINNER PKWY, SUITE 290  
**CITY-ST-ZIP** JACKSONVILLE FL 32256

**TITLE** S ☒ Change ☐ Addition  
**NAME** Miller, Donna A.  
**STREET ADDRESS** 7014 A.C. Skinner Pkwy, Suite 290  
**CITY-ST-ZIP** Jacksonville, FL 32256

**TITLE** P ☐ Delete  
**NAME** EDGE, AUBREY L  
**STREET ADDRESS** 7014 A C SKINNER PKWY, SUITE 290  
**CITY-ST-ZIP** JACKSONVILLE FL 32256

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**CITY-ST-ZIP**

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

**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:** **SIGNATURE REQUIRED** Aubrey L. Edge, Pres. 2/1/03 (904) 596-3200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (10/02)