

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State
 02-14-2000 90056 037 ***150.00

DOCUMENT # P97000062650

1. Entity Name
SUN SIGN OF PENSACOLA, INC.

Principal Place of Business Mailing Address
~~BOX 24, 1101 GULF BREEZE PARKWAY STE 214~~ ~~BOX 24, 1101 GULF BREEZE PARKWAY STE 214~~
 GULF BREEZE FL 32561 GULF BREEZE FL 32561-4862

2. Principal Place of Business 3. Mailing Address
1101 GULF BREEZE PKY **1101 GULF BREEZE PKY**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
STE 214 **STE 214**
 City & State City & State
GULF BREEZE, FL **GULF BREEZE, FL**
 Zip Country Zip Country
32561 **FL** **32561** **FL**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3459412** 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
BONNER, MARCUS R Name
~~BOX 24, 1101 GULF BREEZE PARKWAY, STE 214~~ Street Address (P.O. Box Number is Not Acceptable)
GULF BREEZE FL 32561 **1101 Gulf Breeze Parkway, Ste 214**
 City Zip Code
Gulf Breeze FL 32561

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 Marcus R Bonner DATE 2/8/00
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) **After MAY 1, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONNER, MARCUS R		NAME	BONNER, MARCUS R	
STREET ADDRESS	421 CUMBERLAND AVE		STREET ADDRESS	4513 SEA VISTA CT	
CITY-ST-ZIP	GULF BREEZE FL 32561		CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS	4513 SEA VISTA CT		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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: Marcus R Bonner MARCUS R BONNER 1-11-00 (850) 916-0577
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)