

**DOCUMENT # P97000070333**

1. Entity Name  
**SUN UP MARKETING, INC.**

**FILED**  
**Jan 09, 2001 8:00 am**  
**Secretary of State**

01-09-2001 90004 010 \*\*\*150.00

Principal Place of Business 966 ENGLISH TOWNE LANE #112 WINTER SPRINGS FL 32708	Mailing Address 966 ENGLISH TOWNE LANE #112 WINTER SPRINGS FL 32708
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>966 English Town Lane</i>	Mailing Address <i>966 English Town Lane</i>
Suite, Apt. #, etc. <i>112</i>	Suite, Apt. #, etc. <i>112</i>

City & State <i>Winter Springs, Fla</i>	City & State <i>Winter Springs, Fla</i>	4. FEI Number <b>59-3462892</b>	Applied For <input type="checkbox"/>
Zip <i>32708</i>	Country <i>Seville</i>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**MILLER, EARL L**  
123 WOODLEAF DRIVE  
WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent

Name  
*MILLER EARL L.*

Street Address (P.O. Box Number is Not Acceptable)  
*966 English Town Lane #112*

City  
*WINTER SPRINGS* FL Zip Code  
*32708*

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 *Earl L. Miller* DATE *1/2/2001*

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. (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 NAME STREET ADDRESS CITY-ST-ZIP	PDST MILLER, EARL L 123 WOODLEAF DR WINTER SPRINGS FL 32708 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, EATHY P 123 WOOD LEAF DR WINTER SPRINGS FL 32708 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST Miller, EARL L 966 English Town Lane #112 WINTER SPRINGS, FLA 32708 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Miller, EATHY P. 966 ENGLISH TOWN LANE #112 WINTER SPRINGS, FLA. 32708 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Earl L. Miller, President* DATE: *1/2/2001* (407) 699-7632

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)