

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90028 026 ***150.00

DOCUMENT # P97000070333

1. Entity Name

SUN UP MARKETING, INC.

Principal Place of Business

**1325 LAKE SAHDOW CIRCLE. APT 12108
MAITLAND FL 32751**

Mailing Address

**1325 LAKE SAHDOW CIRCLE. APT 12108
MAITLAND FL 32751**

2. Principal Place of Business

**586 Brantley Terrace
Way
Suite 308**

3. Mailing Address

**586 Brantley Terrace Way
Suite 308**

City & State

Altamonte Springs, FL

City & State

Altamonte Springs, FLA.

Zip

32714

Country

semiole

Zip

32714

Country

semiole

4. FEI Number

59-3462892

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MILLER, EARL L
966 ENGLISH TOWN LANE 112
WINTER SPRINGS FL 32708**

7. Name and Address of New Registered Agent

Name **EARL L. Miller**
Street Address (P.O. Box Number is Not Acceptable)
586 Brantley Terrace Way
City **Altamonte Springs** FL Zip Code **32714**

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, President**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/10/02

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, 2002 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 966 ENGLISH TOWN LANE 112 WINTER SPRINGS FL 32708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, CATHY P 966 ENGLISH TOWN LANE 112 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 586 Brantley Terrace Way # 308 Altamonte Springs, FLA. 32714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Miller, CATHY P. 586 Brantley Terrace Way #308 Altamonte Springs, FLA. 32714	<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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/02 (407) 253-4153

Date

Daytime Phone #

CR2E034 (9/01)