

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000033232

1. Entity Name

SUN CONSTRUCTION EQUIPMENT, INC.

Principal Place of Business

517 MASON AVE.  
DAYTONA BCH FL 32117

Mailing Address

517 MASON AVE.  
DAYTONA BCH FL 32117

2. Principal Place of Business

3. Mailing Address

P.O. Box 6274

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Daytona Beach

Zip

Country

Zip

Country

32122

U.S.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, HORACE JR.  
444 SEABREEZE BLVD., SUITE 900  
DAYTONA BCH FL 32118

Name

GEORGE R. SURRENCY

Street Address (P.O. Box Number is Not Acceptable)

517 MASON AVE.

City

DAYTONA BEACH

FL

Zip Code 32117

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)

4-23-01

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	SURRENCY, GEORGE	517 MASON AVE. DAYTONA BCH FL 32117	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Delete					<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: George R. Surrency, Pres. 4/23/01 908-248-0881  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90156 004 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)