

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/1

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90029 034 \*\*\*150.00

**DOCUMENT # P990000056639**

1. Entity Name

**SUN KING UNLIMITED, INC.**

Principal Place of Business

1026 E CERVANTES ST  
 PENSACOLA FL 32501

Mailing Address

1026 E CERVANTES ST  
 PENSACOLA FL 32501-3330

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
 PENSACOLA, FL

City & State  
 PENSACOLA, FL

Zip

Country  
 ESCAMBIA

Zip

Country  
 ESCAMBIA



DO NOT WRITE IN THIS SPACE

4. FEI Number

4/8

☒ 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

MONICA, LARRY S  
 1026 E CERVANTES ST  
 PENSACOLA FL 32501

Name

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

City

FL

Zip Code

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)

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, 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	President	<input type="checkbox"/> Delete
NAME	Conn S. Monica	
STREET ADDRESS	1026 East Cervantes St.	
CITY-ST-ZIP	Pensacola, FL. 32501	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Conn S. Monica	
STREET ADDRESS	1026 East Cervantes St.	
CITY-ST-ZIP	Pensacola, FL. 32501	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Conn S. Monica	
STREET ADDRESS	1026 East Cervantes St.	
CITY-ST-ZIP	Pensacola, FL. 32501	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Conn S. Monica	
STREET ADDRESS	1026 East Cervantes St.	
CITY-ST-ZIP	Pensacola, FL. 32501	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

Conn S. Monica

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/00 (850) 435-9306

Date

Day/Time Phone #

CR2E034 (9/99)