

DOCUMENT # N47910

1. Entity Name

SUN 'N FUN VETTES, INC.**FILED**
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90311 012 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

16827 BLENHELM DRIVE
LUTZ FL 33549
USP O BOX 272311
TAMPA FL 33698-2311
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3112050

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

WOODS, TIM
3637 BERGER ROAD
LUTZ FL 33549

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

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME PERKINS, TOM
STREET ADDRESS 16827 BLENHELM DR
CITY-ST-ZIP LUTZ FLTITLE P ☒ Change ☐ Addition
NAME Jim Stransky
STREET ADDRESS 28435 Great Bend Place
CITY-ST-ZIP Wesley Chapel, FL 33543TITLE DT ☐ Delete
NAME WOODS, TIM
STREET ADDRESS 3637 BERGER RD
CITY-ST-ZIP LUTZ FLTITLE VP ☒ Change ☐ Addition
NAME Ed Boyle
STREET ADDRESS 6102 Webb Road #1414
CITY-ST-ZIP Tampa, FL 33615TITLE DS ☐ Delete
NAME MCGLINCHY, JOHN
STREET ADDRESS 507 TERRACE HILL DR
CITY-ST-ZIP TEMPLE TERRACE FLTITLE S ☒ Change ☐ Addition
NAME Suzy Stransky
STREET ADDRESS 28435 Great Bend Place
CITY-ST-ZIP Wesley Chapel, FL 33543TITLE DV ☐ Delete
NAME STEGAL, TONY
STREET ADDRESS PO BOX 18944
CITY-ST-ZIP TAMPA FLTITLE T ☒ Change ☐ Addition
NAME Timthy Woods
STREET ADDRESS 3637 Berger Road
CITY-ST-ZIP Lutz, FL 33549TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Timothy Woods*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)