

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90201 034 ****70.00

0065853

DOCUMENT # N47910

1. Entity Name

SUN 'N FUN VETTES, INC.

Principal Place of Business

16827 BLENHELM DRIVE
 LUTZ FL 33549
 US

Mailing Address

P O BOX 272311
 TAMPA FL 33688
 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

WOODS, TIM
3637 BERGER ROAD
LUTZ FL 33549

7. Name and Address of New Registered Agent

Name **Steve Kline**
 Street Address (P.O. Box Number is Not Acceptable)
17319 Simmons Rd.
~~Lutz~~
 City **Lutz** FL Zip Code **33549**

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]

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

(NOTE: Registered Agent signature required when reinstating)

3/24/01

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRANSKY, JIM 28435 GREAT BEND PLACE WESLEY CHAPEL FL 33543	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOYLE, ED 6201 WEBB RD #1414 TAMPA FL 33615	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS STRANSKY, SUZY 28435 GREAT BEND PLACE WESLEY CHAPEL FL 33543	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WOODS, TIMOTHY 3637 BERGER RD LUTZ FL 33549	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Mike Castellana 1014 Windsor Way Lutz, FL 33549	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Steve Kline 17319 Simmons Rd. Lutz, FL 33549	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/01

Date

813 944-0545

Daytime Phone #

CR2E037 (10/00)