# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 09, 2002 8:00 am**
**Secretary of State**
03-05-2002 90084 012 ****70.00

DOCUMENT # N47910

1. Entity Name

SUN 'N FUN VETTES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 16827 BLENHEIM DRIVE<br>LUTZ FL 33549<br>US | P O BOX 272311<br>TAMPA FL 33688<br>US |

21765

DO NOT WRITE IN THIS SPACE

| 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 |
|---|---|
| KLINE, STEVE<br>17319 SIMMONS RD<br>LUTZ FL 33549 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>BOYLE, ED<br>6201 WEBB RD #1414<br>TAMPA FL 33615 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP.<br>CHRIS CARRIDER<br>5701 DALOEN ST.<br>TEMPLE TERRACE, FL 33647 | ☒ Change ☐ Addition<br>D |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>STRANSKY, SUZY<br>28435 GREAT BEND PLACE<br>WESLEY CHAPEL FL 33543 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SECRETARY<br>CAROL CARROLL<br>6960 QUAIL HOLLOW BLVD<br>WESLEY CHAPEL, FL 33544 | ☒ Change ☐ Addition<br>D |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>CASTELLANA, MIKE<br>1014 WINDSOR WAY<br>LUTZ FL 33549 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PRES<br>JIM STRANSKY<br>28435 GREAT BEND PLACE<br>WESLEY CHAPEL, FL 33543 | ☒ Change ☐ Addition<br>D |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>KLINE, STEVE<br>17319 SIMMONS RD<br>LUTZ FL 33549 | ☐ Delete<br>D | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | EDITOR<br>TOM PERKINS<br>16827 BLENHEIM DR.<br>LUTZ FL 33548 | ☐ Change ☒ Addition<br>D |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/01)

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 2/18/02 813 949 0545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #