2003 NOT-FOR-PROFIT CORPORATION

FILED Jan 27, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State DOCUMENT # N47910** 01-27-2003 90544 029 ****70.00 SUN 'N FUN VETTES, INC. Principal Place of Business Mailing Address でいいてのコピス 16827 BLENHELM DRIVE P O BOX 272311 LUTZ FL 33549 TAMPA FL 33688 UŜ 2. Principal Place of Business 3. Mailing Address 1716 SAW MARSALACE Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 59-3112050 Applied For City & State Not Applicable Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KLINE. STEVE Street Address (P.O. Box Number is Not Acceptable) 17319 SIMMONS RD **LUTZ FL 33549** City 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. I am familiar with, and accept the obligations of registered agent. Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. **VPD** Change Addition TITLE ☐ Delete TITLE CORPRIDER, CHRIS NAME STREET ADDRESS STREET ADDRESS 5701 DLADEN ST CITY-ST-7IP CITY-ST-ZIP TEMPLE TERRACE FL 33647 Delete SECRETAN TITLE Change ☐ Addition TITLE SUZY STRANSKY NAME CARROLL, CAROL NAME 28435 GREATBENDP(STREET ADDRESS 6960 QUAIL HOLLOW BLVD STREET ADDRESS CITY-ST-ZIP WESLEY CHAPEL FL 33544 CITY-ST-7/P PRESIDENT BILL STUBBS Delete TITLE NAME STRANSKY, JIM NAME 1908 N. Mary LAND AVE. STREET ADDRESS 28435 GREAT BEND PLACE STREET ADDRESS CITY-ST-ZIP **WESLEY CHAPEL FL 33543** CITY-ST-ZIP ☐ Addition TITLE Delete TITLE / NAME KLINE, STEVE NAME 17319 SIMMONS RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LUTZ FL 33549** TITLE ☐ Delete TITLE ☐ Change ☐ Addition PERKINS, TOM NAME NAME STREET ADDRESS 16827 BLENHELM DR STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP LUTZ FL 33548

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.

STREET ADDRESS CITY-ST-ZiP

THIE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-7LP

☐ Delete

873949054 /14/07

☐ Change

☐ Addition