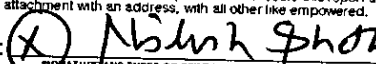


FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90125 011 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

30044640

DOCUMENT # P94000034683			
1. Entity Name SUNNY'S BP, INC.			
Principal Place of Business 11960 S. HWY 301 BELLEVUE, FL 34420 US		Mailing Address 11960 S. HWY 301 BELLEVUE, FL 34420 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3241282		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHAH, RASKIN 1069 CHENEY HWY TITUSVILLE, FL 32780		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent's signature required when re-appointing) DATE _____			
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE	PD	☐ Delete	
NAME	SHETH, NILESH C		
STREET ADDRESS	16 CEDAR RUN		
CITY-STATE-ZIP	OKALA, FL		
TITLE	VP	☐ Delete	
NAME	SHAH, SUNIL		
STREET ADDRESS	702 SMITH STREET		
CITY-STATE-ZIP	FRUITLAND PARK, FL		
TITLE	D	☐ Delete	
NAME	SHETH, NEETA		
STREET ADDRESS	16 CEDAR RUN		
CITY-STATE-ZIP	OKALA, FL 34472		
TITLE	S	☐ Delete	
NAME	SHAH, MEETA S		
STREET ADDRESS	702 SMITH ST.		
CITY-STATE-ZIP	FRUITLAND PARK, FL 36731		
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-STATE-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 607, 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: 		03-18-03 352-245-9239	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	