

2/12/14

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

02-14-2000 90026 021 ***150.00

DOCUMENT # P99000026413

1. Entity Name
SUNNY & CO. TOYS

Principal Place of Business Mailing Address
IRLO BRONSON MEM. HWY., #313 5770 IRLO BRONSON MEM. HWY., #313
FL 34746 KOSSIMMEE FL 34748-4749

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. P. O. Box 771673
City & State Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
Orlando FL Orlando FL 59-3618338 Not Applicable
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
32877 Orange



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ZHU, ZHI L
12714 TOPSFIELD DR.
ORLANDO FL 32837

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.
SIGNATURE *Zhi L Zhu* zhi l zhu 1/4/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE	zhi l zhu	President	<input checked="" type="checkbox"/> Delete
NAME	12714 Topsfield Dr.		
STREET ADDRESS	Orlando, FL 32837		
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

CR2E034 (9/99)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 11 or Block 12 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE: *Zhi L Zhu* zhi l zhu 2/7/00 (407)397-1149
Signature and typed or printed name of signing officer or director Date Daytime Phone #