4/1

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State
04-12-2000 90038 015 ***150.00

DOCUMENT # 452814

1. Entity Name

SUN-FUN PRODUCTS, INC.

Principal Place of Business	Mailing Address
340 MARION ST P O BOX 3088 DAYTONA BEACH FL 32118	340 MARION ST P O BOX 3088 DAYTONA BEACH FL 32114-4834

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
340 Marion St.	P.O. Box 265849
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Daytona Beach FL	City & State: Daytona Beach FL
Zip: 32114 Country: USA	Zip: 32126-5849 Country: USA

4. FEI Number 59-1545031 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BURKE, PAUL E SR.
731 NORTH TRAFALGA
DAYTONA BCH FL 32118

7. Name and Address of New Registered Agent

Name: Paul Burke Sr.
Street Address (P.O. Box Number is Not Acceptable)
731 N. Grandview
City: Daytona Beach FL Zip Code: 32118

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JOHN ELTONHEAD 374 TRAFALGA RD PORT ORANGE FL 32127	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. Mktg Anthony Marques 6198 Delmar Port Orange FL 32127	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PRES. OWNER BURKE, PAUL E, SR 731 N GRANDVIEW AVENUE DAYTONA BCH FL 32118	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Vice-Pres. Sales CHRISTENSEN, ARTHUR S. 454 BOUCHELLE DR. NEW SMYRNA BCH FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST Secty. YOUNG, SUSAN 39 LAUREL OAK CIRCLE ORMOND BEACH FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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)(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul E. Burke Sr. Paul E. Burke Sr. 2/11/00 904-255-1830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #