2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 542695 1. Entity Name SUNNY WHEELS, INC.					FILED Jan 22, 2001 8:00 am Secretary of State 01-22-2001 90024 002 ***150.00		
Principal Place of Business Mailing Address H200 DELAWARE AVENUE 485 27th Ave SW P.O. BOX 307 FT. PIERCE FL 24950 Were Beach , FL 32960 US				D U 6 4 9 9			
2. Principal Place of Business 3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		4	FEI Number 54-1076918		pplied For ot Applicable
Zip	Country	Zip	Country	5.	Certificate of Status Desired	See Requir	Iditional
	6. Name and Address of Current R	egistered Agent	Name	7.	Name and Address of New R	egistered Agent	
GORMAN, ROBERT J 1209 DELAWARE AVENUE			l	Street Address (P.O. Box Number is Not Acceptable)			
FT. P	IERCE FL 34950		City			FL Zip Co	de
9. This corpo Tax filing r	Signature, typed or printed name of registered agent an pration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)			00 550.00 t of State	10. Election Campaign Fin Trust Fund Contribution	n. 🗌 Adde	00 May Be d to Fees
NAME	PTD STEELE, BETTY J P.O. BOX 307, N/A VERONA VA 24482		12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assisti Bruce	DDITIONS/CHANGES TO OFFI In + Secretary / Trea Btycr taples Mill Rd ord, VA 23228	Kufer 🗌 Change	Addition
	VP Styer, Robert C P.O. Box 307, N/A Verona va 24482	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
	S HARRIS, PATRICIA S P.O. BOX 218 VERONA VA 24482	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		. ۵۰ - ۵۰ - ۵۰ - ۲۰۰۰	Change	Addition
STREET ADDRESS	T HUMPHREYS, BETTY A RT 1, BOX 95-1 FT DEFIANCE VA 24437	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
NAME Street address City-st-zip	DVP STYER, JUNE S 1A TROTTER MILL CLOSE ASHLAND VA 23005	Le Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE	DVP Randy Waring, 5511 Staples Mill Richmond, VA 23	EAuditron Rd 3228	TITLE NAME STREET ADDRESS - CITY-ST-ZIP		\geq	Change	Addition
of the corr	sertify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower or on an attachment with an address, with the address, with the address of the trust of the	his filing does not qualify for the rue and accurate and that my vered to execute this report as	ne exemption sta signature shall h required by Cha	ted in Section ave the same apter 607, Flo	119.07(3)(i), Florida Statutes. legal effect as if made under or rida Statutes; and that my name	l further certify that the bath; that I am an office e appears in Block 11 c	information r or director or Block 12 if