# FILED
# Jun 18, 2004 8:00 am
# Secretary of State
05-07-2004 90115 003 ***150.00

## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/7

DOCUMENT # 648661

1. Entity Name

Sleepy Hollow Atarrans, Inc

DO NOT WRITE IN THIS SPACE

66428540

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| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 23324 Hwy 561 | P.O. Box 193 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Astatula, Fl | City & State: Astatula, Fl |
| Zip: 34705 Country: USA | Zip: 34705 Country: USA |

4. FEI Number: 59-1957025 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Joyce Thompson

Street Address (P.O. Box Number is Not Acceptable): P.O Box 193

23324 CR 561

City: Astatula FL Zip Code: 34705

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

(1) January 1 - May 1 Fee is $150.00
After May 1 - Fee is $400.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Pd<br>Joyce Thompson<br>P.O Box 193 Astatula, 34705 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 23324 CR561 |
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CR2E034B (12/02)

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 on an attachment with an address with all other like empowered.

SIGNATURE: Joyce Thompson 4/30/04 352-742-2393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #