

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # G81715**

1. Entity Name

SUNILAND JEWELERS, INC.**FILED****Feb 03, 2001 8:00 am**
Secretary of State

02-03-2001 90029 049 ***150.00

Principal Place of Business

% JERRY MCKEEHAN
327 CYPRESS GARDENS BLVD.
WINTER HAVEN FL 33880
US

Mailing Address

% JERRY MCKEEHAN
327 CYPRESS GARDENS BLVD.
WINTER HAVEN FL 33880
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2338813**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

00012801

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCKEEHAN, JERRY
2000 OVERLOOK DRIVE, S.E.
WINTER HAVEN FL 33884

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

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	PD	<input type="checkbox"/> Delete
NAME	MCKEEHAN, JERRY	
STREET ADDRESS	2000 OVERLOOK DRIVE, S.E.	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCKEEHAN, NICOLE	
STREET ADDRESS	2000 OVERLOOK DRIVE, S.E.	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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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		

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: *Nicole McKeehan*

NICOLE MCKEEHAN

1/31/01

Date

863-294-3728

Daytime Phone #

CR2E034 (10/00)