

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90156 048 ***150.00

040435

DOCUMENT # H40036

1. Entity Name

SUNNYSIDE INVESTMENTS, INC.

Principal Place of Business

903 WATERSIDE LN
BRADENTON FL 34209

Mailing Address

903 WATERSIDE LN
BRADENTON FL 34209

2. Principal Place of Business

PO Box 1193

Suite, Apt. #, etc.

3. Mailing Address

PO Box 1193

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ANNA MARIA, FL

Zip

34216

Country

USA

City & State

ANNA MARIA, FL

Zip

34216

Country

USA

4. FEI Number

59-2496832

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KRAL, ROBERT E.
903 WATERSIDE LANE
BRADENTON FL 34209

7. Name and Address of New Registered Agent

Name

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

50 No. SHORE DR.

PO Box 1193

City

ANNA MARIA

FL

Zip Code

34216

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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PD
NAME KRAL, ROBERT E.
STREET ADDRESS 903 WATERSIDE LN
CITY-ST-ZIP BRADENTON FL ☐ Delete

TITLE VD
NAME KRAL, ROBERT M.
STREET ADDRESS 712 PONT CHARTRAIN
CITY-ST-ZIP LAS VEGAS NV 89128 ☐ Delete

TITLE SD
NAME KRAL, JOYCE A.
STREET ADDRESS 11 COPPERMINE RD
CITY-ST-ZIP TOPSFIELD MA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME
STREET ADDRESS 50 No SHORE DR.
CITY-ST-ZIP ANNA MARIA, FL 34216

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 118 N. WYNSTONE DR.
CITY-ST-ZIP N. BARRINGTON, IL 60010

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 118 N. WYNSTONE DR.
CITY-ST-ZIP N. BARRINGTON, IL 60010

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Robert E. Kral

ROBERT E. KRAL

4/7/01

941 792 5615

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)