

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Sep 10, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # L50701**

1. Entity Name  
**SUNNY ENTERTAINMENT CORPORATION**

Principal Place of Business 16708 NORWOOD DRIVE  TAMPA FL 33624	Mailing Address 16708 NORWOOD DRIVE  TAMPA FL 33624
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2. Principal Place of Business 4908 DEWEY ROSE COURT	3. Mailing Address 4908 DEWEY ROSE COURT
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State TAMPA FL	City & State TAMPA FL
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4. FEI Number <b>65-0183500</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip 33624	Country	Zip 33624	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BERLE MARSHALL**  
**16708 NORWOOD DRIVE**  
  
**TAMPA FL 33624**  
**US**

Name  
**BERLE MARSHALL**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4908 DEWEY ROSE COURT**  
  
 City  
**TAMPA FL** Zip Code  
**33624**

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 \_\_\_\_\_ **09/10/2001**  
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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>BERLE MARSHALL</b> <b>16708 NORWOOD DRIVE</b> <b>TAMPA FL 33624</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>BERLE MARSHALL</b> <b>4908 DEWEY ROSE COURT</b> <b>TAMPA FL 33624</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: MARSHALL BERLE** P **09/10/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)