

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L88844

1. Entity Name

SUNLAND SALES, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90025 021 ***158.75

Principal Place of Business

Mailing Address

201 S BAY BLVD
ANNA MARIA FL 34216
US

P.O. BOX 1927
ANNA MARIA FL 34216-1927
US

2. Principal Place of Business

5157 SILENT LOOP

3. Mailing Address

5157 SILENT LOOP

Suite, Apt. #, etc.

108

Suite, Apt. #, etc.

108

City & State

NEW PORT RICHEY FL.

City & State

NEW PORT RICHEY FL.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

34652

Country

USA

Zip

34652

Country

USA

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

6. Name and Address of Current Registered Agent

KNAGGS, MARGUERITE
201 S BAY BLVD
ANNA MARIA ISLAND FL 34216

7. Name and Address of New Registered Agent

Name
MARGUERITE KNAGGS
Street Address (P.O. Box Number is Not Acceptable)
5157 SILENT LOOP 108
City NEW PORT RICHEY FL Zip Code 34652

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

Marguerite Knaggs

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, 2000 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 DPST
NAME KNAGGS, MARTUERITE ☒ Delete
STREET ADDRESS 201 BAY BLVD.
CITY-ST-ZIP ANNA MARIA FL 34216

TITLE VP
NAME WHITEHURT, RUSSELL M ☐ Delete
STREET ADDRESS 5743 MELALEUCA DR.
CITY-ST-ZIP HILIDAY FL 34690

TITLE 2V
NAME KNAGGS, LIONEL ☒ Delete
STREET ADDRESS 201 S BAY BLVD
CITY-ST-ZIP ANNA MARIA FL 34216

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST ☐ Change ☐ Addition
NAME KNAGGS MARGUERITE
STREET ADDRESS 5157 SILENT LOOP 108
CITY-ST-ZIP NEW PORT RICHEY FL. 34652

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

TITLE 2V ☐ Change ☐ Addition
NAME KNAGGS LIONEL
STREET ADDRESS 201 S BAY BLVD
CITY-ST-ZIP ANNA MARIA FL. 34216

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: *Marguerite Knaggs*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)