

2001 UNIFORM BUSINESS REPORT (UBR)

0020855 AF

DOCUMENT # L99000004078

1. Entity Name

SUNSHINE KIDS JUVENILE PRODUCTS, LLC

FILED

01 JAN 31 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

500 L'AMBIENCE CIRCLE, UNIT 102
NAPLES FL 34108

Mailing Address

500 L'AMBIENCE CIRCLE, UNIT 102
NAPLES FL 34108

2. Principal Place of Business

7117 Pelican Bay Blvd.

3. Mailing Address

7117 Pelican Bay Blvd.

Suite, Apt. #, etc.

#804

Suite, Apt. #, etc.

#804

City & State

Naples, Florida

City & State

Naples, Florida

4. FEI Number

59-3593285

Applied For

Not Applicable

Zip

34108

Country

USA

Zip

34108

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLASP, INC.

C/O CUMMINGS & LOCKWOOD

3001 TAMiami TRAIL NORTH, 4TH FLOOR

NAPLES FL 34103

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM
STREET ADDRESS BERGER, CONSTANCE F
CITY-ST-ZIP 500 L'AMBIENCE CIRCLE, UNIT 102
NAPLES FL 34108 ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 7117 Pelican Bay Blvd., #804
CITY-ST-ZIP Naples, Florida 34108

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 600003656766--1
CITY-ST-ZIP -02/08/01--01006--022

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *****50.00 *****50.00
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CP2E083 (11/00)