

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90481 030 \*\*\*150.00

**DOCUMENT # P00000086231**

1. Entity Name  
**SUNNY DAYS, INC.**



Principal Place of Business  
**14510 VANDERBILT DR  
NAPLES FL 34110**

Mailing Address  
**14510 VANDERBILT DR  
NAPLES FL 34110**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**1085 BUSINESS LN**

3. Mailing Address  
**1085 BUSINESS LN.**

Suite, Apt. #, etc.  
**SUITE 10**

Suite, Apt. #, etc.  
**SUITE 10**

City & State  
**NAPLES, FL**

City & State  
**NAPLES, FL**

Zip  
**34110**

Country  
**USA**

Zip  
**34110**

Country  
**USA**

4. FEI Number  
**59-3675979**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**WARFEL, DAMON  
14510 VANDERBILT DR  
NAPLES FL 34110**

7. Name and Address of New Registered Agent

Name  
**WARFEL DAMON**

Street Address (P.O. Box Number is Not Acceptable)  
**1085 BUSINESS LN, SUITE # 10**

City  
**NAPLES**

FL

Zip Code  
**34110**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GEORGE, DANIEL L  
22978 GREENLEAF BLVD  
ELKHART IN 46521** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPTS  
WARFEL, DAMON  
28221 MANGO DR  
BONITA SPRINGS FL 34134** ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VICE PRESIDENT  
NANETTE D. WARFEL  
28221 MANGO DRIVE  
BONITA SPRINGS, FL 34134** ☐ Change ☒ Addition

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/7/03 239-592-7466**

Date

Daytime Phone #

CR2E034 (10/02)