

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000092627

1. Entity Name  
**SUNNYFL.NET, INC.**

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90009 018 \*\*\*150.00

Principal Place of Business

**5143 COMMERCIAL WAY  
SPRING HILL FL 34606**

Mailing Address

**5143 COMMERCIAL WAY  
SPRING HILL FL 34606**

2. Principal Place of Business

**8554 FOREST OAKS BLVD.**

3. Mailing Address

**8554 FOREST OAKS BLVD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**SPRING HILL, FL 34606**

City & State

**SPRING HILL, FL 34606**

4. FEI Number

**59-3674512**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**KIERZYNSKI, MICHAEL J  
5143 COMMERCIAL WAY  
SPRING HILL FL 34606**

7. Name and Address of New Registered Agent

Name  
**URSO, MADELYN C.**  
Street Address (P.O. Box Number is Not Acceptable)  
**8554 FOREST OAKS BLVD.**  
City  
**SPRING HILL, FL 34606**

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 *X Madelyn C. Urso*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*X 4/5/01*  
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 **D** ☒ Delete  
NAME **KIERZYNSKI, MICHAEL J**  
STREET ADDRESS **5365 KEYSVILLE AVE**  
CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE **D** ☒ Delete  
NAME **WASKEY, ARTHUR J**  
STREET ADDRESS **11539 LINDEN DR**  
CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 **D** ☐ Change ☒ Addition  
NAME **URSO, MADELYN C.**  
STREET ADDRESS **2172 BOLGER AVENUE**  
CITY-ST-ZIP **SPRING HILL, FL 34609**

TITLE **D** ☐ Change ☒ Addition  
NAME **DEWAR, GERALD E.**  
STREET ADDRESS **11124 GIFFORD DRIVE**  
CITY-ST-ZIP **SPRING HILL, FL 34608**

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

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: *X Madelyn C. Urso*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MADELYN C. URSO**

*X 4/5/01 352 684 3335*  
Date Daytime Phone #

0420885

CR2E034 (10/00)