

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90074 023 \*\*\*150.00

**DOCUMENT # P01000003923**

1. Entity Name

**SUNRISE SUNSET CONCESSIONS OF SIESTA KEY, INC.**

Principal Place of Business

**2164 MUSKOGEE TRAIL  
 NOKOMIS FL 34275**

Mailing Address

**2164 MUSKOGEE TRAIL  
 NOKOMIS FL 34275**

922228



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2171 Muskogee Trail**

Suite, Apt. #, etc.

3. Mailing Address

**2171 Muskogee Trail**

Suite, Apt. #, etc.

City & State

**Nokomis, Florida**

City & State

**Nokomis, Florida**

4. FEI Number

**65-1065537**

Applied For

Not Applicable

Zip

**34275**

Country

**USA**

Zip

**34275**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**JANSSON, PEDER  
 2164 MUSKOGEE TRAIL  
 NOKOMIS FL 34275**

7. Name and Address of New Registered Agent

Name

**Robert C. Anderson**

Street Address (P.O. Box Number is Not Acceptable)

**1314 East Venice Avenue**

Suite E

City

**Venice**

**FL**

Zip Code

**34292**

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

**ROBERT C. ANDERSON REGISTERED AGENT 1-23-02**

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, 2002 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 **JANSSON, PEDER**  
 STREET ADDRESS **2164 MUSKOGEE TRAIL**  
 CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE **D** ☐ Delete  
 NAME **PANEK, JOE**  
 STREET ADDRESS **2171 MUSKOGEE TRAIL**  
 CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE **D** ☐ Delete  
 NAME **HANSEN, KEN**  
 STREET ADDRESS **505 EAGLE CREEK DR.**  
 CITY-ST-ZIP **NAPLES FL 34113**

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 **P/D** ☒ Change ☐ Addition  
 NAME **Jansson, Peder**  
 STREET ADDRESS **2164 Muskogee Trail**  
 CITY-ST-ZIP **Nokomis, FL 34275**

TITLE **VP/S/T/D** ☒ Change ☐ Addition  
 NAME **Panek, Joe**  
 STREET ADDRESS **2171 Muskogee Trail**  
 CITY-ST-ZIP **Nokomis, FL 34275**

TITLE **VP/D** ☒ Change ☐ Addition  
 NAME **Hansen, Ken**  
 STREET ADDRESS **505 Eagle Creek Dr.**  
 CITY-ST-ZIP **Naples, FL 34113**

TITLE **VP** ☐ Change ☒ Addition  
 NAME **Ellenor Jansson**  
 STREET ADDRESS **2164 Muskogee Trail**  
 CITY-ST-ZIP **Nokomis, FL 34275**

TITLE **VP** ☐ Change ☒ Addition  
 NAME **Panek, Mary**  
 STREET ADDRESS **2171 Muskogee Trail**  
 CITY-ST-ZIP **Nokomis, FL 34275**

TITLE **VP** ☐ Change ☒ Addition  
 NAME **Hansen, Delores**  
 STREET ADDRESS **505 Eagle Creek Dr.**  
 CITY-ST-ZIP **Naples, FL 34113**

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.

**TAE PANEX 1-23-02 941-481-8510**

CR2E034 (9/01)