

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90732 041 \*\*\*150.00

DOCUMENT # P01000064605

1. Entity Name **Sunny Sky Investments Inc**

**DO NOT WRITE IN THIS SPACE**

DUUB1003

2. Principal Place of Business  
**1274 St Tropez Circle**  
Suite, Apt. #, etc.

3. Mailing Address  
**1274 St. Tropez Circle**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Orlando, FL 32806**  
Zip  
**32806** Country  
**U.S.**

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4. FEI Number  
**59-3727099** Applied For  
Not Applicable

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

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**Andy Baumruk, CPA**

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

**717 E Oak St.**

City  
**Kissimmee FL** Zip Code  
**34744**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00 •  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**President, Secretary, Director, Treasurer  
Christopher Dering  
1274 St Tropez Circle  
Orlando, FL 32806**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**Vice President, Director  
Kaushika Patel  
13114 Wilshire Run Ct.  
Orlando, FL 32828**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Christopher M. Christopher Dering**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/26/02**  
Date

**(407) 648-7412**  
Daytime Phone #