

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90492 019 \*\*\*150.00

**DOCUMENT # P01000109319**

**1. Entity Name**  
**SUNNY FLORIDA TRANSPORT, INC.**



**Principal Place of Business**  
**2270 N PRARIE MINE RD**  
**MULBERRY FL 33860**

**Mailing Address**  
**PO BOX 468**  
**MULBERRY FL 33860**

**2. Principal Place of Business**  
**625 West Bridgers Ave**  
**Suite, Apt. #, etc.**

**3. Mailing Address**  
**625 West Bridgers Ave**  
**Suite, Apt. #, etc.**

**City & State**  
**Auburndale FL**  
**Zip**  
**33823**

**City & State**  
**Auburndale, FL 3**  
**Zip**  
**33823**

**4. FEI Number** **31-1809463**

**Applied For**  
**Not Applicable**

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

☒ **CHECK HERE IF MAKING CHANGES**

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

**MORRISON, JOSEPH A**  
**3500 S FLORIDA AVE STE 3**  
**LAKELAND FL 33803**

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

**Name** **Shannon R. Perez**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**4632 Adams Ave**  
**City** **Lake Wales** **FL** **Zip Code** **33859**

**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** **Shannon R. Perez**  
Signature; typed or printed name of registered agent and title it applies

(NOTE: Registered Agent signature required when reinstating)

**4-16-03**  
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** **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.** ☐

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>SNELLING, WILLIAM R</b> <b>4024 PADDLEWHEEL DR</b> <b>BRANDON FL 33511</b>	<input checked="" type="checkbox"/> <b>Delete</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Delete</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Delete</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Delete</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Delete</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Delete</b>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>Perez, Shannon R</b> <b>4632 Adams Avenue</b> <b>Lake Wales, FL 33859</b>	<input checked="" type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>

**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:** **Shannon R. Perez**  
Signature AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-16-03**  
Date

**863-968-0949**  
**863-425-1064**  
Daytime Phone #

CR2E034 (10/02)