

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

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90022 037 ***150.00

DOCUMENT # *P02 000127272*

1. Entity Name

Sunny Daze Tanning & Massage Inc



DO NOT WRITE IN THIS SPACE

54014014

2. Principal Place of Business

13750 W. Colonial DR

Suite, Apt. #, etc.

310

City & State

Winter Garden, FL

Zip

34787

Country

USA

3. Mailing Address

13750 W. Colonial DR

Suite, Apt. #, etc.

310

City & State

Winter Garden, FL

Zip

34787

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEL Number

84-1618727

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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]

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	<i>President</i>
NAME	<i>Peter Zakhary</i>
STREET ADDRESS	<i>3740 Fullcrest Cir.</i>
CITY-ST-ZIP	<i>Clermont, FL 34711</i>
TITLE	<i>Vice President</i>
NAME	<i>Paul Zakhary</i>
STREET ADDRESS	<i>1070 Chase DR.</i>
CITY-ST-ZIP	<i>Winter Garden, FL 34787</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

[Signature]

(Signature and typed or printed name of signing officer or director)

2-11-04

Date

(407)-877-1502

Daytime Phone #

CR2E034B (12/02)