

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 an
Secretary of State

02-08-2000 90047 038 ***150.00

DOCUMENT # P93000038687

1. Entity Name

SUNNY PROPERTIES, INC.

Principal Place of Business

Mailing Address

5147 CASTELLO DRIVE
 NAPLES FL 34103
 US

5147 CASTELLO DRIVE
 NAPLES FL 34103-8929
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0417435

Applied F

Not App

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIBENEDETTO, ROBERT D
C/O GIRARDIN BALDWIN & ASSOCIATES LLP
5147 CASTELLO DRIVE
NAPLES FL 34103

Name

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

City

FL

Zip Code

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 Added to F

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE: PD
 NAME: BUCK, GERT Delete
 STREET ADDRESS: 1060 GALLEON DR
 CITY-ST-ZIP: NAPLES FL

TITLE: Change

TITLE: VPD
 NAME: BUCK, SUSAN Delete
 STREET ADDRESS: 1060 GALLEON DR
 CITY-ST-ZIP: NAPLES FL

TITLE: Change

TITLE: SD
 NAME: BUCK, OLIVER Delete
 STREET ADDRESS: 1060 GALLEON DR
 CITY-ST-ZIP: NAPLES FL

TITLE: Change

TITLE: TD
 NAME: BUCK, MANUEL Delete
 STREET ADDRESS: 1060 GALLEON DR
 CITY-ST-ZIP: NAPLES FL

TITLE: Change

TITLE: Delete

TITLE: Change

TITLE: Delete

TITLE: Change

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

SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #