2002 UNIFORM BUSINESS REPORT (UBR)

May 23, 2002 8:00 am § Secretary of State **DOCUMENT #** P94000085383 1. Entity Name 05-23-2002 90091 014 ***150.00 SUNNY DAY GUIDE OF SARASOTA, INC. Principal Place of Business Mailing Address 800 SEAHAWK CIR 800 SEAHAWK CIR SUITE 106 SUITE 106 VIRGINIA BEACH VA 23452 VIRGINIA BEACH VA 23452 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 54-1738350 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHERR, SY S Street Address (P.O. Box Number is Not Acceptable) 523 S. WASHINGOTN BLVD SARASOTA FL 34236 City Zip Code FL 🗗 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE ☐ Change ☐ Addition NAME BLUE, J. WILLIAM III NAME 2321 WINWARD SHORE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VIRGINIA BEACH VA 23451 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

I hereby certify that the information supplied indicated on this report or supplementary

of the corporation or the receiver or changed, or on an attachment with

"SWILLIAM BLUE, III

4/24/02

not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information rate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

(757) 468-0606

FILED

Daytime Phone #