

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90255 026 \*\*\*150.00

**DOCUMENT # P94000088660**

1. Entity Name

**SUNNYLEA CORPORATION**

Principal Place of Business

Mailing Address

C/O STEVEN M. SAMAHA, ESO  
 201 NORTH FRANKLIN STREET, SUITE 2100  
 TAMPA FL 33602

C/O STEVEN M. SAMAHA, ESO  
 201 NORTH FRANKLIN STREET, SUITE 2100  
 TAMPA FL 33602-5167

c/o Steven M. Samaha, Esq.

c/o Steven M. Samaha, Esq.

**A0063953**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**201 N. Franklin St.**

3. Mailing Address

**201 N. Franklin St.**

Suite, Apt. #, etc.

**Suite 2200**

Suite, Apt. #, etc.

**Suite 2200**

City & State

**Tampa, FL**

City & State

**Tampa, FL**

4. FEI Number

**59-3288709**

Applied For

Not Applicable

Zip

**33602**

Country

**USA**

Zip

**33602**

Country

**USA**

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOLFE, RANDOLPH J**  
**201 N. FRANKLIN ST.**  
**SUITE 2100**  
**TAMPA FL 33602**

Name  
**Randolph J. Wolfe**

Street Address (P.O. Box Number is Not Acceptable)  
**201 N. Franklin St.**

Suite 2200

City  
**Tampa**

**FL**

Zip Code  
**33602**

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 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **DPST**  
 STREET ADDRESS **WHEALY, THOMAS**  
 CITY-ST-ZIP **252 PALL MALL STREET, #303**  
**LONDON, ONTARIO, CANADA N6A- 5P6**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **V**  
 STREET ADDRESS **MAPES, REED**  
 CITY-ST-ZIP **252 PALL MALL STREET, #303**  
**LONDON, ONTARIO, CANADA N6A- 5P6**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE**

**Thomas G. Whealy**

**April 24, 2000**

**(519) 672-1585**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)