2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 27, 2001 8:00 am Secretary of State DOCUMENT # P94000088660 SUNNYLEA CORPORATION 02-27-2001 90343 048 ***150.00 Principal Place of Business Mailing Address C/O STEVEN M. SAMAHA. ESQ. C/O STEVEN M. SAMAHA, ESQ 201 NORTH FRANKLIN STREET, SUITE 2200 201 NORTH FRANKLIN STREET, SUITE 2200 TAMPA FL 33602 TAMPA FL 33602 ШS 2. Principal Place of Business 3. Mailing Address c/orLarry Geimer c/o Larry Geimer Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 890-1515 Ringling Blvd. 890-1515 R<u>ingling Blvd.</u> City & State Applied For City & State 4. FEI Number 59-3288709 Sarasota FL Sarasota FL Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 34236 USA 34236 Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name <u>Geimer, Larry</u> WOLFE, RANDOLPH J Street Address (P.O. Box Number is Not Acceptable) 201 N. FRANKLIN ST. 890-1515 Ringling Blvd. **SUITE 2200** TAMPA FL 33602 Zip Code City Sarasota 8. The above named entity submits this statement for the purpose manging its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registe od Agent signature required when reinstating) Signature, typed or printed name of registered FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DPST ☐ Addition ☐ Delete TITLE Change TITLE WHEALY, THOMAS NAME NAME STREET ADDRESS 252 PALL MALL STREET, #303 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONDON, ONTARIO, CANADA N6A-5P6 TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAPES, REED NAME NAME STREET ADDRESS 252 PALL MALL STREET, #303 STREET ADDRESS CITY-ST-ZIP LONDON, ONTARIO, CANADA N6A-5P6 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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