FILED

Feb 11, 2002 8:00 am

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

DOCUMENT # P94000088660 **Secretary of State** 1. Entity Name 02-11-2002 90003 028 ***150.00 SUNNYLEA CORPORATION Mailing Address Principal Place of Business C/O.LARRY GEIMER C/O LARRY GEIMER บบบผูบอนู่ 890-1515 RINGLING BLVD. 890-1515 RINGLING BLVD. SARASOTA FL 34236 SARASOTA FL 34236 US US 3. Mailing Address 1515 RINGLING BLVD 2. Principal Place of Business RINGLING BLVD DO NOT WRITE IN THIS SPACE 4. FEI Number City & State Applied For City & State 59-3288709 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 1. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GEIMER, LARRY Street Address (P.O. Box Number is Not Acceptable) 890-1515 RINGLING BLVD. SARASOTA FL 34236 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered age d title if applicable 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, 2002 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01)Change ☐ Addition TITLE **DPST** Delete TITLE NAME NAME WHEALY, THOMAS CR2E034 STREET ADDRESS STREET ADDRESS 252 PALL MALL STREET, #303 CITY-ST-ZIP CITY-ST-ZIP LONDON, ONTARIO, CANADA N6A-5P6 ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME MAPES, REED STREET ADDRESS STREET ADDRESS 252 PALL MALL STREET, #303 CITY-ST-ZIP CITY-ST-ZIP LONDON, ONTARIO, CANADA N6A- 5P6 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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