

**FOR PROFIT CORPORATION,
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 11, 2002 8:00 am
Secretary of State

06-11-2002 90151 027 ***150.00

DOCUMENT # **P950000-11176**

1. Entity Name

SUNSAVANNA Florida, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

501 Golden Isles Drive

3. Mailing Address

P.O. Box 85183

Suite, Apt. #, etc.

Suite 201F

Suite, Apt. #, etc.

City & State

Hallandale Beach FL

City & State

Hallandale Beach FL

Zip

33009

Country

USA

Zip

33009

Country

USA

4. FEI Number

65-0646704

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

W.E. Anderson

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

16111 SW 102 AVE

City

Miami

FL

Zip Code

33157

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	P
NAME	ANDERSON Hopeton
STREET ADDRESS	2721 SW 133 AVENUE
CITY-ST-ZIP	MIRAMON FL 33027
TITLE	VPS
NAME	WALKER TREVOR
STREET ADDRESS	8452 WINDSON DRIVE
CITY-ST-ZIP	MIRAMON, FL 33025
TITLE	VPS
NAME	Williams Patrick
STREET ADDRESS	1905 So OCEAN DRIVE, APT 160
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick Williams

6/1/02

954 655-1999

Daytime Phone #

CR2E034B (12/01)