

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 29, 2000 08:00 AM
Secretary of State

DOCUMENT # P95000077207

1. Entity Name
SUNFLOWER INN, INC.

Principal Place of Business 11605 1ST STREET EAST TREASURE ISLAND FL 33706	Mailing Address 11605 1ST STREET EAST TREASURE ISLAND FL 33706
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 145 108TH AVENUE Suite, Apt. #, etc. SUITE 5
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DO NOT WRITE IN THIS SPACE

City & State TREASURE ISLAND FL	4. FEI Number 05-9337692	Applied For <input type="checkbox"/> Not Applicable
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Zip 33706	Country US	Zip 33706	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LUCKAN KAI 11605 FIRST STREET EAST TREASURE ISLAND FL 33706 US		7. Name and Address of New Registered Agent Name LUCKAN KAI Street Address (P.O. Box Number is Not Acceptable) 453 85TH AVENUE City SAINT PETERSBURG FL Zip Code 33706	
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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 _____ DATE **04/29/2000**
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 Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DMS	<input type="checkbox"/> Delete		TITLE	DMS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LUCKAN KAI			NAME	LUCKAN KAI		
STREET ADDRESS	11605 1ST STREET EAST			STREET ADDRESS	P.O.BOX 9603		
CITY-ST-ZIP	TREASURE ISLAND FL 33706			CITY-ST-ZIP	TREASURE ISLAND FL 33706		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kei Luckan DMS 04/29/2000