


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

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90115 002 ***150.00

DOCUMENT # <u>P97000000028</u>	
1. Entity Name <u>SUNNY REALTY, Inc.</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>170 River Marsh DR.</u>	3. Mailing Address <u>170 River Marsh DR.</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <u>Ponte Vedra Bch, FL</u>	City & State <u>Ponte Vedra Bch, FL</u>	4. FEI Number <u>59-3436733</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>32082</u>	Country <u>St. Johns</u>	Zip <u>32082</u>	Country <u>St. Johns</u>
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <u>KAREN B. O'Neill</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>1009 21st St. No.</u>	
City <u>Jacksonville Beach</u>	Zip Code <u>FL 32250</u>

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent Signature required when reinstating) _____ DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>DP</u> <u>Floyd, Michelle</u> <u>170 River Marsh DR.</u> <u>Ponte Vedra Bch, FL 32082</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>VSTD</u> <u>Floyd, Jerry</u> <u>170 River Marsh Dr.</u> <u>Ponte Vedra Bch, FL 32082</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Jerry Floyd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-03
Date

Daytime Phone #

CR2E034B (12/02)