

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State
 04-18-2002 90366 021 ***150.00

DOCUMENT # P97000033508

1. Entity Name
SUNNYSIDE PLAZA DELI, INC.

Principal Place of Business
796 W MINNEOLA AVE
CLERMONT FL 34711

Mailing Address
796 W MINNEOLA AVE
CLERMONT FL 34711

2. Principal Place of Business
796 W. MINNEOLA AVENUE
 Suite, Apt. #, etc.

3. Mailing Address
796 W. MINNEOLA AVENUE
 Suite, Apt. #, etc.

City & State
CLERMONT FL
 Zip
34711

Country
USA

City & State
CLERMONT FL
 Zip
34711

Country
USA

4. FEI Number
59-3459738

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOSEPH ALLAN J ESQ.
10229 SPRING MOSS AVE
CLERMONT FL 34711

7. Name and Address of New Registered Agent

Name
DENNIS CHEPLICK
 Street Address (P.O. Box Number is Not Acceptable)
11617 CLAIR PLACE
 City
CLERMONT FL Zip Code
34711

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 **DENNIS R. CHEPLICK**

Signature, typed or printed name of registered agent and title if applicable.

Dennis R. Cheplick

(NOTE: Registered Agent signature required when reinstating)

DATE
4/19/02

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 **PD** ☐ Delete
 NAME **CHEPLICK, GENA M**
 STREET ADDRESS **9807 HASSON RIDGE RD**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **VD** ☐ Delete
 NAME **CHEPLICK, DENNIS R**
 STREET ADDRESS **11617 CLAIR PLACE**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **D** ☒ Delete
 NAME **JOSEPH ALLAN J**
 STREET ADDRESS **10229 SPRING MOSS AVE**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **TD** ☐ Delete
 NAME **CHEPLICK, ROBERT D**
 STREET ADDRESS **9807 HASSON RIDGE ROAD**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **SD** ☒ Delete
 NAME **JOSEPH, DENISE M**
 STREET ADDRESS **10229 SPRING MOSS AVE**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **TSD**
 STREET ADDRESS **CHEPLICK, ROBERT D.**
 CITY-ST-ZIP **9807 HASSON RIDGE ROAD**
CLERMONT, FL 34711

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

Gena M. Cheplick
Gena M. Cheplick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
4/19/02

DAYTIME PHONE #
352-242-1264

CR2E034 (9/01)