

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90079 012 ***150.00

DOCUMENT # P97000048534

1. Entity Name

SUNNY NAPLES, INC.

Principal Place of Business

5100 TAMiami TRAIL NORTH, SUITE 201
 NAPLES FL 34103

Mailing Address

5100 TAMiami TRAIL NORTH, SUITE 201
 NAPLES FL 34103-2810

2. Principal Place of Business

4910 Tamiami Tr. N.,

Suite, Apt. #, etc.

Suite 210

City & State

Naples, FL

Zip

34103

Country

3. Mailing Address

4910 Tamiami Tr. N.,

Suite, Apt. #, etc.

Suite 210

City & State

Naples, FL

Zip

34103

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3450885**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SZEMPRUCH, DAVID J
 5100 TAMiami TRAIL NORTH, SUITE 201
 NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

(Same)

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

4910 Tamiami Tr. N., Suite 210

City

Naples

FL

Zip Code

34103

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)

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.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
VP	DAVID J STEMPRUCH, P.A.	5100 N TAMiami TRAIL #201	NAPLES FL 34103	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		4910 Tamiami Tr. N., Suite 210	Naples, FL 34103	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

David J Szempruch
 David J Szempruch

3/15/00

941-261-8484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20034 (9/00)