

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90093 045 ***150.00

DOCUMENT # P97000048534

1. Entity Name
SUNNY NAPLES, INC.

Principal Place of Business

4910 TAMiami TR N
STE 210
NAPLES FL 34103

Mailing Address

4910 TAMiami TR N
STE 210
NAPLES FL 34103

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

4501 Tamiami Trail N

Suite, Apt. #, etc.
Suite 204

City & State

Naples, FLORIDA 34103

Zip

34103

Country

USA

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

7. Name and Address of New Registered Agent

SZEMPRUCH, DAVID J
4910 TAMiami TR N
STE 210
NAPLES FL 34103

Name JANE E. LAMBERSON

Street Address (P.O. Box Number is Not Acceptable)
4501 Tamiami Trail N, Suite 204

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 *Jane E. Lamberson*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-22-01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
NAME DAVID J STEMPRUCH, P.A.
STREET ADDRESS 4910 TAMiami TR N STE 210
CITY-ST-ZIP NAPLES FL 34103 ☐ Delete

TITLE JANE E. LAMBERSON ☒ Change ☐ Addition
NAME JANE E. LAMBERSON
STREET ADDRESS 4501 Tamiami Trail N, Ste. #204
CITY-ST-ZIP Naples, Fl. 34103

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: *Jane E. Lamberson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-22-01 (941) 262-0170

CR2E034 (10/00)