2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2000 8:00 am
Secretary of State
09-19-2000 90145 028 ***550.00

C0101023

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000058792

1. Entity Name
ZZZ SUNNY FLORIDA, INC.

Principal Place of Business	Mailing Address
3724 S.E. 17TH PLACE CAPE CORAL FL 33904	3724 S.E. 17TH PLACE CAPE CORAL FL 33904

2. Principal Place of Business	3. Mailing Address
	1105 Cape Coral Pkwy E
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite C
City & State	City & State Cape Coral, FL
Zip / Country	Zip 33904 / Country USA

4. FEI Number 65-0786005 ☐ 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
SEEMANN, ERNEST A ESQ 4729 DEL PRADO BOULEVARD CAPE CORAL FL 33904	Name Christine F. Wright, Esq Street Address (P.O. Box Number is Not Acceptable) 1105 Cape Coral Pkwy East Suite C City Cape Coral FL Zip Code 33904

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] DATE 9/15/00
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) ☐

FILE NOW!!! FEE IS $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D SONDER, KARLHEINZ 3724 S.E. 17TH PLACE CAPE CORAL FL 33904	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SONDER, KARLHEINZ 3355 SE 22 Place Cape Coral, FL 33904	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #