

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000058792**

1. Entity Name

ZZZ SUNNY FLORIDA, INC.**FILED**
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90035 050 ***150.00

Principal Place of Business

3724 S.E. 17TH PLACE
CAPE CORAL FL 33904

Mailing Address

1105 CAPE CORAL PKWY E
SUITE C
CAPE CORAL FL 33904

2. Principal Place of Business

3355 SE 22nd PL

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CAPE CORAL FL

City & State

4. FEI Number

65-0786005

Applied For

Not Applicable

Zip

33904

Country

USA

Zip

Country

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

WRIGHT, CHRISTINE F ESQ
1105 CAPE CORAL PKWY E
SUITE C
CAPE CORAL FL 33904

Name

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

City

FL

Zip Code

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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
	D			
	SONDER, KARLHEINZ			
	3355 SE 22ND PLACE			
	CAPE CORAL FL 33904			
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02 23 01

Date

94-5404359

Daytime Phone #

CR2ED34 (10/00)