2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 20, 2000 8:00 am Secretary of State DOCUMENT # **P98000000266** SUN & SERENITY CORPORATION, INC. 02-20-2000 90012 039 ***150.00 Principal Place of Business Mailing Address 17376 JAMAICA LANE 17376 JAMAICA LANE SUGARLOAF FL 33042-3711 SUGARLOAF FL 33042 UUU10014 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0819882 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GOLDSTEIN, MARK B Box Number is Not Acceptable) 2255 GLADES ROAD SUITE 236W BOCA RATON FL 33431 City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITI F Delete TITLE NAME LINHART, SUSAN K NAME STREET ADDRESS STREET ADDRESS 17376 JAMAICA LANE CITY-ST-ZIP CITY-ST-ZIP SUGARLOAF FL 33042 Change ☐ Addition Delete TITLE TITLE NAME MOFIELD, JONATHON NAME STREET ADDRESS STREET ADDRESS 17376 JAMAICA LANE CITY-ST-ZIP CITY-ST-ZIP SUGARLOAF FL 33042 Change ☐ Addition TITLE TITLE MULLIKIN, HERMAN O NAME NAME STREET ADDRESS STREET ADDRESS 17376 JAMAICA LANE CITY-ST-ZIP CITY-ST-ZIP SUGARLOAF FL 33042 ■ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.