

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90001 031 ***150.00

00085684

DOCUMENT # P98000076266

1. Entity Name
 SUNSTROKED, INC

Principal Place of Business
 1805 Bay Boulevard
 Indian Rocks Beach, FL 33785

Mailing Address
 * 1805 Bay Boulevard
 Indian Rocks Beach, FL
 33785

2. Principal Place of Business
 1805 Bay Boulevard
 Suite, Apt. #, etc.

3. Mailing Address
 1805 Bay Boulevard
 Suite, Apt. #, etc.

City & State
 Indian Rocks Beach, FL

City & State
 Indian Rocks Beach, FL

Zip 33785 **Country** USA

Zip 33785 **Country** USA

4. FEI Number
 59-3529793

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LOVELACE, WILLIAM K
 2310 West Bay Drive
 Largo, FL 33770

7. Name and Address of New Registered Agent

Name: William K. Lovelace
 Street Address (P.O. Box Number is Not Acceptable): 401 S. LINCOLN AVENUE
 City: CLEARWATER FL Zip Code: 33756

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 William K. Lovelace WILLIAM K. LOVELACE 3/14/00
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	Director	<input type="checkbox"/> Delete
NAME	Lovelace, William K.	
STREET ADDRESS	401 S. LINCOLN AVENUE	
CITY-ST-ZIP	CLEARWATER, FL 33756	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Shurden, Walter B.	
STREET ADDRESS	1805 Bay Boulevard	
CITY-ST-ZIP	Indian Rocks Beach, FL 33785	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, I am empowered.

SIGNATURE: Walter B. Shurden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (9/99)