

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

046737 AN

DOCUMENT # P98000076266

1. Entity Name
SUNSTROKED, INC.

04-01-2002 90068 036 ***150.00

Principal Place of Business
1805 BAY BOULEVARD
INDIAN ROCKS BEACH FL 33785

Mailing Address
1805 BAY BOULEVARD
INDIAN ROCKS BEACH FL 33785

80056404



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1700 McMullen Booth Rd
Suite, Apt. #, etc. A-6

3. Mailing Address
SAME
Suite, Apt. #, etc.

4. FEI Number 59-3529793 Applied For Not Applicable

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

City & State Clearwater, FL

Zip 33759 Country U.S.A.

6. Name and Address of Current Registered Agent
LOVELACE, WILLIAM K
401 S LINCOLN AVENUE
CLEARWATER FL 33756

7. Name and Address of New Registered Agent
Name McKnight John J
Street Address (P.O. Box Number is Not Acceptable) 1700 McMullen Booth Rd A-6
City Clearwater FL Zip Code 33759

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 John J McKnight Jr. DATE 3/21/02

Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when registering)

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, 2002 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	D LOVELACE, WILLIAM K 401 S LINCOLN AVE CLEARWATER FL 33756 <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D SHURDEN, WALTER B 1805 BAY BLVD INDIAN ROCKS BEACH FL 33785 <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D McKnight, John J 1700 McMullen Booth Rd Ste A-6 Clearwater, FL <input type="checkbox"/> Delete	TITLE	D McKnight John J Jr. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	1700 McMullen Booth Rd A-6
CITY-ST-ZIP		CITY-ST-ZIP	Clearwater, FL 33759
TITLE	<input type="checkbox"/> Delete	TITLE	D Thompson, Jeff <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	1700 McMullen Booth Rd A-6
CITY-ST-ZIP		CITY-ST-ZIP	Clearwater, FL 33759
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: DATE: 3/21/02 DAYTIME PHONE #: 727-725-8172

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)