

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042967

1. Entity Name

SUNNY PROPERTY SERVICE, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90055 023 ***150.00

Principal Place of Business

Mailing Address

~~2190 MAIN STREET~~
~~SARASOTA FL 34237~~

~~2190 MAIN STREET~~
~~SARASOTA FL 34237-8024~~

2. Principal Place of Business

3. Mailing Address

1318 Lafayette St.
Suite, Apt. #, etc.

1318 Lafayette St.
Suite, Apt. #, etc.

City & State

City & State

Cape Coral Florida

Cape Coral Florida

Zip

Country

Zip

Country

33904

33904

4. FEI Number

65-0919560

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

~~JAENSCH, P. CHRISTOPHER~~
~~2190 MAIN STREET~~
~~SARASOTA FL 34237~~

Name
HILL, THOMAS W.

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

1318 LAFAYETTE ST

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, typed or printed name of registered agent and title if applicable.

Thomas W. Hill

4-4-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GUTFRUCHT, RALF
HOCHSTR.4 64546 MOERFELDEN
GERMANY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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GUTFRUCHT, ELLI
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☐ Delete

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HILL, THOMAS W.
1318 LAFAYETTE ST
CAPE CORAL, FL 33904 ☐ Change ☒ Addition

TITLE
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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:

Thomas W. Hill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-00

Date

941-549-2444

Daytime Phone #

CR2E034 (9/99)