

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000058513

1. Entity Name

SUNNYSIDE PARTNERS, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90089 004 ***150.00

Principal Place of Business

Mailing Address

14750 BEACH BOULEVARD #79
JACKSONVILLE FL 32250

14750 BEACH BOULEVARD #79
JACKSONVILLE FL 32250-2363

2. Principal Place of Business

4440 46th Ave So

3. Mailing Address

4440 46th Ave So

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

St. Petersburg FL

City & State

St. Petersburg, FL

4. FEI Number

59-3584060

Applied For

Not Applicable

Zip

33711

Country

USA

Zip

33711

Country

USA

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

MATTHES, WALTER L
14750 BEACH BOULEVARD #79
JACKSONVILLE FL 32250

Name

MATTHES, WALTER L.

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

4440 46th Ave So.

City

St. Petersburg,

FL

Zip Code

33711

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 Walter L. Matthes

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

(NOTE: Registered Agent signature required when reinstating)

21 FEB 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

TITLE

D

☐ Delete

NAME

MATTHES, WALTER L

STREET ADDRESS

14750 BEACH BOULEVARD #79

CITY-ST-ZIP

JACKSONVILLE FL 32250

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

P

☒ Change

☐ Addition

NAME

MATTHES, WALTER L

STREET ADDRESS

4440 46th Ave So

CITY-ST-ZIP

St. Petersburg, FL 33711

TITLE

VP

☐ Change

☒ Addition

NAME

Tom Davidson, Tom

STREET ADDRESS

1013 Hamilton Dr

CITY-ST-ZIP

Locus Grove, GA 30248

TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Change

☐ 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 like empowered.

SIGNATURE:

Walter L. Matthes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/00

Date

727-865-9397

Daytime Phone #

CR2E034 (9/99)