

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90072 019 \*\*\*150.00

**DOCUMENT # P99000107631**

**1. Entity Name**  
**SUNBURNT REDHEADS, INC.**



**Principal Place of Business**  
**4851 NW 103 AVE**  
**STE 41**  
**SUNRISE FL 33351**

**Mailing Address**  
**SUNBURNT REDHEADS INC.**  
**PO BOX 30136**  
**FT LAUDERDALE FL 33303**

**2. Principal Place of Business**  
**4851 NW 103 AVE**

**3. Mailing Address**

Suite, Apt. #, etc.  
**SUITE - 44 - F**

Suite, Apt. #, etc.

City & State  
**SUNRISE, FL**

City & State

Zip  
**33351**

Country  
**USA**

Zip

Country

**4. FEI Number 06-1565568**

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SIMS, GWEN M**  
**1531 NW 124 TERRACE #14-201**  
**SUNRISE FL 33323**

Name  
**JAMES FARMER**  
Street Address (P.O. Box Number is Not Acceptable)  
**4361 W. MCNAB ROAD**  
**#25**  
City  
**POMPANO** **FL** Zip Code  
**33069**

**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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE

DATE  
**4/10/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
**P** ☐ Delete  
NAME  
**SIMS, MICHAEL S**  
STREET ADDRESS  
**1531 NW 124 TERRACE #14-201**  
CITY-ST-ZIP  
**SUNRISE FL 33323**

TITLE  
**P** ☒ Change ☐ Addition  
NAME  
**SIMS, MICHAEL S.**  
STREET ADDRESS  
**346 E DUMPLIN VALLEY RD.**  
CITY-ST-ZIP  
**JEFFERSON CITY, TN 37760**

TITLE  
**ST** ☐ Delete  
NAME  
**SIMS, GWEN M**  
STREET ADDRESS  
**1531 NW 124 TERRACE #14-201**  
CITY-ST-ZIP  
**SUNRISE FL 33323**

TITLE  
**ST** ☒ Change ☐ Addition  
NAME  
**SIMS, GWEN M.**  
STREET ADDRESS  
**346 E DUMPLIN VALLEY RD.**  
CITY-ST-ZIP  
**JEFFERSON CITY, TN 37760**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

**12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.**

**SIGNATURE:** **MICHAEL S. SIMS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4.10.03 423.317.8338**

Date

Daytime Phone #

CR2E034 (10/02)