2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State
03-19-2003 90122 045 ***150.00

DOCUMENT # S91340

1. Entity Name
SECRET SUN, INC.

Principal Place of Business	Mailing Address
6100 W FAIRFIELD DR PENSACOLA FL 32505 US	101 S JEFFERSON ST SUITTE A PENSACOLA FL 32501 US

2. Principal Place of Business	3. Mailing Address
	207 W. ROMANA STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: PENSACOLA, FL
Zip / Country	Zip: 32501 / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3099841 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CANTAVESPRE, PATRICIA
101 S JEFFERSON ST
SUITE A
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______________________
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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CANTAVESPRE, PATRICIA 101 S JEFFERSON ST SUITE A PENSACOLA FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 207 W. ROMANA ST. PENSACOLA, FL 32501
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: Patricia Cantavespre   3/14/03   850-432-7378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #