2003 FOR PROFIT CORPORATION

Mailing Address

SUITE 202

7901 SW 36 STREET

UNIFORM BUSINESS REPORT (UBR V35034 **DOCUMENT #**

1. Entity Name

Principal Place of Business

7901 SW 36 STREET

SUITE 202

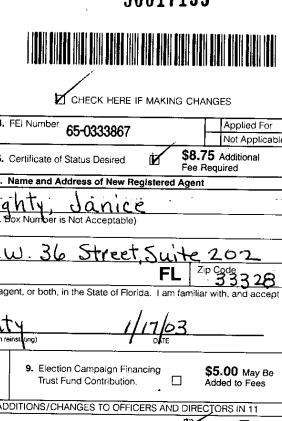
CAMP SUNSHINE SUMMER DAY CAMP, INC.



FILED Feb 04, 2003 8:00 am Secretary of State

02-04-2003 90072 006 ***158.75

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DAVIE FL 33328 US		DAVIE FL 33328 US		A MENDA BANGKAR ANNAN ANNAN ARABA KUMU DURA BURAN ANAN ANAN ARAW ANNAN ANNAN ARAB
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 65-0333867 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent
DOUGHTY, JANICE 2131-SW 92ND TERRACE UNIT #1601 FORT LAUDERDALE FL 33324 City Davis Name Doughty, Janice Street Address (P.O. Box Number is Not Acceptable) 7901 S.W. 36 Street Suite 207 City Davis FL Zip Code 3333				
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 feed or printed name of registered agent and the if approache. (NOTE: Registered Agent signature required when reinst ting) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State Added to Fees				
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME	PD Doughty, Janice 2 131 S.W. 92ND Terrace, Unit # F ort Lauderdale FL 333 24	Delete	TITLE P	Dought, Janice Drange Addition 1901 Sw 36 Street, Suite 202 Davie, Florida 33328
TITLE Name Street address City-St-Zip		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·. <u>-</u>	□ Delete	TITLE NAME - STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADORESS STY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· Change Addition
ITLE AME Treet address ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
I hereby ce indicated c	ertify that the information supplied with this on this report or supplemental report is tru	s filing does not qualify for the and accurate and that my	e exemption stated in	n Section 119.07(3)(i), Florida Statutes, I further certify that the information

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:

236-8850

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