## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 707412**

1. Entity Name

SIGNATURE:

## SUNSHINE CHAPTER OF ELECTRONIC REPRESENTATIVES A SSOCATION, INC.



## FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90058 029 \*\*\*\*61.25

2. Principal Place of Business  Suris, Apt. #, etc  Suris, Apt. #, etc  City & State  City & City & State  City & State  City & State  City & State  City & City & State  City & City & State  City & City & Sta	SSOCAT	TION, INC.							
Suite, Apt. 4, etc.    Suite, Apt. 4, etc.   CHy & State   Chy & Chy	400 MAGNOL	LIA OAK DR.	400 Magnolia oak dr. Longwood Fl 32779					ll Glaff State Grace grace	BiBis Glást sáms
City & State  A. FEI Number 59-6163402  Applied For Not Applicable City Not Applicable City State City	2. Principal	Place of Business	3. Mailing Address	, <u> </u>	<del></del> .				
Zo Country Zp Country S, Certificate of Status Desired S8.75 Additional Fee Required S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent S7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Normal Street Address of New Registered Agent Agent Agent Address of New Registered Agent Agent Agent Address of New Registered Agent Agent Agent Address of New Registered Agent	Suite, Apt. #, etc. Suite, Apt. #, etc.						HECK HERE IF I	MAKING CHANGE	:S
ZO Country Zp Country 5. Certificate of Status Desired \$8.75 Additional Fee Required \$8.75 Addit	City & Sta	ate	City & State	ity & State					
6. Name and Address of Current Registered Agent  Name  MATHAS, CHARLES  400 MAGNOLIA OAK DRIVE  LONGWOOD FL 32779  City  FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered diffice or replaced agent, or both, in the State of Florida. I am familiar with, and accept the obligations of replacing agent.  FILE NOW: FEE IS \$61.25  0. Election Campaign Financing  FILE NOW: FEE IS \$61.25  0. Election Campaign Financing  ALERN OHNSON J  4105-CONSD  4	Zip Country Zip			Country				□ \$8.75 A	dditional
MATHIAS, CHARLES  400 MACNOLIA OAK DRIVE LONGWOOD FL 32779  City  FL  Zip Code  Added to Foes  Florida Department of State  Conright Added to Foes  Florida Department of State  Florida Department of Charge  Added to Foes  Florida Department of State  Florida Department of State  Florida Department of Charge  Charge  Charge  Charge  Charge  Charge  Added to Foes  Florida Department of Charge  Charge  Charge		6. Name and Address of Curren	Registered Agent	1				Fee Requi	red
ADDITIONS (P.O. 60x Number is Not Acceptable)  Street Address (P.O. 60x Number is Not Acceptable)  Street Address (P.O. 60x Number is Not Acceptable)  City				Name		7. Name and Addr	ess of New Hegi	stered Agent	
ADDITIONS (P.O. 60x Number is Not Acceptable)  Street Address (P.O. 60x Number is Not Acceptable)  Street Address (P.O. 60x Number is Not Acceptable)  City	MATHIA	S, CHARLES		-		<del> </del>			
B. 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.    Common				Street Address		P.O. Box Number is N	ot Acceptable)		
B. 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.    Comparison of registered agent   Compar				-					
B. 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.    Comparison of registered agent   Compar		<b>~</b>		City			<del></del>		<del> </del>
SIGNATURE Signature, types or private rane of registroval agent and the 1 applicable.  FILE NOW: FEE IS \$61.25  9. Efection Campaign Financing Trust Fund Contribution  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  CBD. ALLEN JOHNSON J  ALLEN JOHNSON J  ALLEN JOHNSON J  ALLEN JOHNSON J  ANA  STREET ADDRESS  ALTAMONITE SPRINGS FL  TILE  BET OBJ  ALTAMONITE SPRINGS FL  TILE  MAKE  BET ADDRESS  ALTAMONITE SPRINGS FL  TO  OFFICERS AND DIRECTORS IN 10  Delete  TILE  NAME  STREET ADDRESS  ALTAMONITE SPRINGS FL  TILE  MAKE  TO  OTY-ST-2P  ALTAMONITE SPRINGS FL  TILE  MAKE  TO  OTY-ST-2P  ALTAMONITE SPRINGS FL  TILE  MAKE  TO  OTY-ST-2P  ALTAMONITE SPRINGS FL  TILE  MAKE  STREET ADDRESS  ALTAMONITE SPRINGS FL  TILE  MAKE  TO  OTY-ST-2P  ALTAMONITE SPRINGS FL  TILE  MAKE  TO  OTY-ST-2P  ALTAMONITE SPRINGS FL  TILE  MAKE  STREET ADDRESS  OTY-ST-2P  ALTAMONITE SPRINGS FL  TILE  MAKE  STREET ADDRESS  OTY-ST-2P  ALTAMONITE SPRINGS FL  TILE  MAKE  STREET ADDRESS  OTY-ST-2P  Change  Addition  ACTIONS  STREET ADDRESS  OTY-ST-2P  TILE  MAKE  STREET ADDRESS  OTY-ST-2P  TILE  MAKE  STREET ADDRESS  OTY-ST-2P  Change  Addition  ACTIONS  STREET ADDRESS  OTY-ST-2P  TILE  MAKE  STREET ADDRESS  OTY-ST-2P  Change  Addition  ACTIONS  STREET ADDRESS  OTY-ST-2P  TILE  MAKE  TO  TILE  MAKE  TO  TO  TILE  MAKE  TO  TO  TO  TO  TO  TO				1 -					
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ME P.O. Box 26111  REET ADDRESS PY-ST-ZIP Tampa FL 33685  CITY-ST-ZIP  Thereby certify that the information supplied with this filling does not qualify for the promotion standing Street Address  CITY-ST-ZIP		Graf Springs Fi	33065	CITY-ST-ZIP		·P			
REET ADDRESS P. O. Box 26111  STREET ADDRESS CITY-ST-ZIP  Tanpa FL 33685  CITY-ST-ZIP  Thereby certify that the information supplied with this filing does not qualify for the promotion stated in Section 440 CT(SY/) The Promotion stated in Sec		Tray Bunni	☐ Delete					☐ Change	Addition
TY-ST-ZIP Tampa F.L. 336.85 CITY-ST-ZIP  Thereby certify that the information supplied with this filing does not qualify for the promotion stated in Section 440 GZ(SY/). The section 440 GZ(SY/) The	REET ADDRESS	P.O. Bed 20111	í						
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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 feceives of trustee empowered to execute this report as required by Chapter 617. Florida Statutes and that I am an officer or director	changed,	poration or the receiver of trustee empor or on an attachment with an address, w	weree to execute this report a ith all other like emptywered	s required by Chap	oter 617, F	Florida Statutes; and the	nat my name app	ears in Block 10 or	Block 11 if