

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90097 046 ***150.00

DOCUMENT # 814266

1. Entity Name
SUNSHINE STATE SUPPLY, INC.

Principal Place of Business 2705 MALL DR SARASOTA FL 34231 US	Mailing Address 2129 RINGLING BLVD SARASOTA FLA 34237-7003 US
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946255



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address <i>2705 MALL DRIVE</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>SARASOTA, FL</i>	4. FEI Number 59-0895060	Applied For <input type="checkbox"/> Not Applicable
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Zip <i>34231-5941</i>	Country <i>USA</i>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MACY, WILLIAM 2048 BEE RIDGE RD. SARASOTA FL 33579	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>2705 MALL DRIVE</i> City <i>SARASOTA</i> State <i>FL</i> Zip Code <i>34231-5941</i>
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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: *William Macy* (Signature, typed or printed name of registered agent and title if applicable.)
 Signature: *William Macy* (NOTE: Registered Agent signature required when reinstating.)
 DATE: *4/17/00*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SCHONEK, W.E. 1333-1335 EISENHOWER BV JOHNSTOWN PA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DRAGOVICH, ANN 1333-1335 EISENHOWER BV JOHNSTOWN PA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MACY, WILLIAM 2048 BEE RIDGE RD. SARASOTA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>2705 MALL DRIVE</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAST JACKSON, JANET 2048 BEE RIDGE RD. SARASOTA FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>DV</i> <i>STANLEY SHILEY</i> <i>123 FAIRFIELD AVE</i> <i>JOHNSTOWN, PA</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Stanley Shiley* (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)
 Date: *4-5-00*
 Daytime Phone #

CR2E034 (9/99)