2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000047848

Entity Name: SUNSHINE ELEVATOR PRODUCTS, INC.

FILED Jan 26, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

820 NE 60TH STREET 911 NE 58TH STREET OAKLAND PARK, FL 33334 OAKLAND PARK, FL 33334

Current Mailing Address: New Mailing Address:

820 NE 60TH STREET
OAKLAND PARK, FL 33334
911 NE 58TH STREET
OAKLAND PARK, FL 33334

FEI Number: 65-1111465 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FLORIDA INCORPORATORS, INC.

1221 BRICKELL AVENUE, SUITE 900
MIAMI, FL 33131 US

WIGGERS, DON L D
911 NE 58TH STREET
OAKLAND PARK, FL 33334 US

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: DON L. WIGGERS 01/26/2002

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition WIGGERS, DON L WIGGERS, DON L Name: Name: 820 NE 60TH STREET 911 NE 58TH STREET Address: Address: City-St-Zip: OAKLAND PARK, FL 33334 City-St-Zip: OAKLAND PARK, FL 33334

Title: () Delete Title: PRES () Change (X) Addition

 Name:
 Name:
 BUXTON, BARBARA J

 Address:
 Address:
 911 NE 58TH ST

 City-St-Zip:
 City-St-Zip:
 OAKLAND PARK, FL 33334

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA J. BUXTON PRES 01/26/2002