

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90138 021 ***150.00

DOCUMENT # P01000095748

1. Entity Name
SUNSHINE FLOORING, INC.

Principal Place of Business
**7537 RICKMAN ST.
 JACKSONVILLE FL 32244**

Mailing Address
**7537 RICKMAN ST.
 JACKSONVILLE FL 32244**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8318 Sunflower Ct
 Suite, Apt. #, etc.

3. Mailing Address
8318 Sunflower Ct
 Suite, Apt. #, etc.

City & State
Jacksonville FL

City & State
Jacksonville FL

4. FEL Number
59 3746347

Applied For
 Not Applicable

Zip
32244

Country
USA

Zip
32244

Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**REPPER, JASON M
 7537 RICKMAN ST.
 JACKSONVILLE FL 32244**

7. Name and Address of New Registered Agent
 Name **Jason Repper**
 Street Address (P.O. Box Number if Not Applicable) **8318 Sunflower Ct**
 City **Jacksonville** **FL** Zip Code **32244**

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 **Jason Repper** DATE **4-28-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/owner JASON REPPER 8318 Sunflower Ct Jacksonville, FL 32244	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 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 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 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 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 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: **Jason Repper** SIGNATURE REQUIRED DATE **4-28-02** (204) 514 2012 Daytime Phone #

CR2E034 (9/01)