2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000079339

1. Entity Name



FILED
Mar 17, 2003 8:00 am
Secretary of State

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SUNSHINE	SECURITY INSURANCE A	GENCY, INC.	(Age)		03-17-2003	3 90696 OC	<i>1</i> 6 ***150).00
Principal Place of Business 1325 SNELL ISLE BLVD STE 211 ST PETERSBURG FL 33704 Mailing Address 1325 SNELL ISLE BLVD ST PETERSBURG FL 33704 ST PETERSBURG FL 33						8 2 111 28 111 28 111 1	(8816 (81PG))))	III (371II 1831 1884
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 Applied For				
Zip Country		Zip Country			11-364403		} 	lot Applicable
	6. Name and Address of Current Re	raistored Agent	<u> </u>				Fee Requir	
	Vi Name and Address of Corrent neglistered Agent			ame	7. Name and Address of New	Registered	Agent	·
MILKEY, KEV				trant Address /F	30 D- N 1 1 1 1 1 1			
	ISLE BLVD STE 211	y.	"	Ireet Address (F	P.O. Box Number is Not Acceptab	ile)		
ST PETERSB	SURG FL 33704							
			. 🖯	ity		FL	Zip Cod	 de
8. The above na	med entity submits this statement for the	ne purpose of changing it	ts registered of	ffice or registere	ed agent, or both, in the State of F		amiliar with	and accept
the obligation	s of registered agent.				9	ionos. Tam		, and accept
SIGNATURE								
<u>.</u>	nature, typed or printed name of registered agent and	title if applicable. (NO	TE: Registered Ager	nt signature required v	when reinstating)	DATE		
	NOW!!! FEE IS \$150.00 ay 1, 2003 Fee will be \$550.00	g			9. Election Campaign F	inancing	\$5 (00 May Be
	ayable to Florida Department of St	tate			Trust Fund Contributi			d to Fees
10.	OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
TITLE		☐ Delete	TITLE	PCT			☐ Change	Addition
NAME STREET ADDRESS			NAME	Auc	r. John F.			
CITY-ST-ZIP			STREET ADO	HESS 178/	. Śnell Lole Blud	I. DE		
TITLE		☐ Delete	TITLE	VS	Petersburg, FL	3314	☐ Change	Addition
NAME			NAME		ley, Kevin R.		☐ Change	PAOUIIOII
STREET ADDRESS City-St-Zip			STREET ADD	DRESS 605	14th Avenue L	ع(
TITLE			CITY-ST-ZI	<u> </u>	Petersburg, FL 3	1018		
NAME		☐ Delete	TITLE NAME		9		☐ Change	☐ Addition
STREET ADDRESS			STREET ADD	RESS				
CITY-ST-ZIP			CITY-ST-ZI	P				
TITLE		☐ Delete	TITLE	1"			☐ Change	☐ Addition
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AME			NAME				-	
TREET ADDRESS ITY-ST-ZIP			STREET ADDI	i i				
	Au that the information are the state of the state	The second	CITY-ST-ZIP	1		71-		**
 inereby certif 	y that the information supplied with this	tiling does not qualify fo	r the exemption	n stated in Sect	ion 119 07/3)(i) Florida Statutos	Liferthor porti	futbat tha in	formation

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

(727) 821-8765 x 202