2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P95000027863

1. Entity Name

SUNLINE INSURANCE AGENCY, INCORPORATED



FILED Apr 11, 2003 8:00 am Secretary of State
04-11-2003 90188 042 ***150.00

of Business										
Principal Place of Business 1609 E. VINE STREET STE. C B KISSIMMEE FL 34744			Mailing Address 1609 E. VINE STREET STE. C B KISSIMMEE FL 34744				1 1 1 1 1 1 	11 111 111 111 11 1		
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State			City & State			4.	4. FEI Number 65-0560133			oplied For ot Applicable
Country			Zip Count			~5.	5. Certificate of Status Desired \$8.75 Additional Fee Required			ditional
6. Name	Registere	Registered Agent			7.	7. Name and Address of New Registered Agent				
		V			Name					1
nathan d		Street Address			s (P.O.	(P.O. Box Number is Not Acceptable)				
NE SIREEI E FL 34744	SIE. C				•					
ŧ					City				<u> </u>	
named entity ons of registe	submits this statement for red agent.	r the purpo	ose of changing its	register	ed office or regis	tered a	gent, or both, in the State of Flo	rida. I am	familiar with,	and accept
Signature, typed o	r printed name of registered agent	and title if appli	icable. (NOTI	E: Registere	d Agent signature requ	ired when	reinstating)	DATE		
	·					····				00 May Be
		f State					Trust Fund Contributio	11.	J Adde	1 to rees
	OFFICERS AND	DIRECTOR		11.		A	ADDITIONS/CHANGES TO OFF	CERS AND	DIRECTOR	S IN 11
5214 HAM	MOCK PT CT		☐ Delete	NAM STRE	E EET ADDRESS				☐ Change	Addition
VP			☐ Delete	-					☐ Change	☐ Addition
1609 E VIN	ie street ste b	-	ر عن معنو سيستويو. د	STRE	ET ADDRESS	÷ -:	روين د دسخير سايو			
			☐ Delete	NAM STRE	E ET ADDRESS				☐ Change	☐ Addition
			☐ Delete	NAM STRE	E EET ADDRESS				☐ Change	☐ Addition
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		·	☐ Delete	TITL	L				☐ Change	☐ Addition
	34744 ace of Busine #, etc. 6. Name : NATHAN D NE STREET E FL 34744 named entity ons of registe Signature, typed of LE NOW!!! May 1, 2003 Payable to P REICH, JOI 5214 HAMI SAINT CLO VP REICH, AM 1609 E VIN	Country 6. Name and Address of Current NATHAN D NE STREET STE. C E FL 34744 named entity submits this statement for one of registered agent. Signature, typed or printed name of registered agent LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of OFFICERS AND P REICH, JONATHAN 5214 HAMMOCK PT CT SAINT CLOUD FL 34771	B KISSIM ace of Business 3. Maili 4, etc. Country Country Zip 6. Name and Address of Current Registered NATHAN D NE STREET STE. C E FL 34744 Inamed entity submits this statement for the purpoons of registered agent. Signature, typed or printed name of registered agent and title if appl LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State OFFICERS AND DIRECTOR P REICH, JONATHAN 5214 HAMMOCK PT CT SAINT CLOUD FL 34771 VP REICH, AMY 1609 E VINE STREET STE B	34744 ace of Business 3. Mailing Address #, etc. City & State Country Zip 6. Name and Address of Current Registered Agent NATHAN D NE STREET STE. C E FL 34744 Name and entity submits this statement for the purpose of changing its ons of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTI) LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State OFFICERS AND DIRECTORS P REICH, JONATHAN 5214 HAMMOCK PT CT SAINT CLOUD FL 34771 VP REICH, AMY 1609 E VINE STREET STE B KISSSIMMEE FL 34744 Delete	B KISSIMMEE FL 34744 ace of Business 3. Mailing Address #, etc. Suite, Apt. #, etc. City & State Country Zip Coun 6. Name and Address of Current Registered Agent NATHAN D NE STREET STE. C E FL 34744 NATHAN D NE STREET STE. C E FL 34744 CNOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State OFFICERS AND DIRECTORS P REICH, JONATHAN STREICH, JONATHAN STREICH, JONATHAN STREICH, JONATHAN STREICH, AMY 1609 E VINE STREET STE B KISSSIMMEE FL 34744 Delete Delete TITUL NAM STREICH, JONATHAN STREICH, AMY 1609 E VINE STREET STE B KISSSIMMEE FL 34744 Delete TITUL NAM STREICH, JONATHAN STREICH, AMY 1609 E VINE STREET STE B KISSSIMMEE FL 34744 Delete TITUL NAM STREICH, JONATHAN STREICH, AMY 1609 E VINE STREET STE B KISSSIMMEE FL 34744 Delete TITUL NAM STREICH, JONATHAN STREICH, AMY 1609 E VINE STREET STE B KISSSIMMEE FL 34744 Delete TITUL NAM STREICH, JONATHAN STREICH, AMY 1609 E VINE STREET STE B KISSSIMMEE FL 34744 Delete TITUL NAM STREICH, JONATHAN STREICH, AMY 1609 E VINE STREET STE B KISSSIMMEE FL 34744 Delete TITUL NAM STREICH, JONATHAN STREICH, STREICH, STREICH STREICH, STREICH STREICH, STREICH STREICH, STREICH STREICH, STREICH STRE	B KISSIMMEE FL 34744 ace of Business 3. Mailing Address #, etc. Suite, Apt. #, etc.	B KISSIMMEE FL 34744 ace of Business	B KISSIMMEE FL 34744 Acc of Business 3. Mailing Address 9. ofc. Suite, Apt. #, etc. City & State Country Zip Country Jip Country 5. Certificate of Status Desired 8. Name and Address of Current Registered Agent NATHAN D NE STREET STE. C FL 34744 City Cit	B KISSIMMEE FL 34744 Acc of Business 3. Mailing Address	B MSSAMEE FL 34744 Acc of Business 3. Mailing Address City & State CHECK HERE IF MAKING CHANGES CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 65-0560133 Acc Ac

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.

SIGNATURE: