## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jan 10, 2001 8:00 am Secretary of State 01-10-2001 90007 007 \*\*\*150.00 **DOCUMENT # V04612** 1. Entity Name SUNSHINE CORPORATION OF AMERICA Principal Place of Business Mailing Address 3971 LIVE OAK BLVD 3971 LIVE OAK BLVD DELRAY BEACH FL 33445 DELRAY BEACH FL 33445 UUUU1344 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0309406 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ZUKER, ALAN G. Street Address (P.O. Box Number is Not Acceptable) 3971 LIVE OAK BLVD **DELRAY BEACH FL 33445** Zip Code City 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 Fiorida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) ☐ Addition □ Change TITLE ☐ Delete ZUKER, ALAN NAME NAME STREET ADDRESS STREET ADDRESS 3971 LIVE OAK BLVD CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33445** ☐ Addition ☐ Change Delete ZUKER, RUTH NAME NAME STREET ADDRESS STREET ADDRESS 3971 LIVE OAK BLVD CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33445** ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete

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.

CITY-ST-ZIP

TITLE NAME STREET ADDRESS

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

☐ Delete

1/3/01

561-495-1153

☐ Change

☐ Addition

Daytime Phone #

**FILED** 

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