

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G31326

1. Entity Name
SUNSHINE LIQUORS, INC.

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90002 028 ***150.00

Principal Place of Business

1610 W 13TH ST
POST OFFICE BOX 904
SANFORD FL 32771
US

Mailing Address

MR. AND MRS. JERRY ATKINSON
POST OFFICE BOX 904
WELAKA FL 32193

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

1575 OCEAN SHORE BLVD.
Suite, Apt. #, etc.
CONDO # 203

City & State

City & State

ORMOND BEACH, FL. 32176

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ATKINSON, A. JEANNE
192 SPORTSMANS DR
WELAKA FL 32193

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1575 OCEAN SHORE BLVD. CONDO # 203

City

ORMOND BEACH

FL

Zip Code
32176

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

TITLE	P	<input type="checkbox"/> Delete
NAME	ATKINSON, JERRY F.	
STREET ADDRESS	192 SPORTSMANS DRIVE	
CITY-ST-ZIP	WELAKA FL	
TITLE	TS	<input type="checkbox"/> Delete
NAME	ATKINSON, A. JEANNE	
STREET ADDRESS	192 SPORTSMANS DRIVE	
CITY-ST-ZIP	WELAKA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1575 OCEAN SHORE BLVD., CONDO #203	
STREET ADDRESS	ORMOND BEACH, FL. 32176	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1575 OCEAN SHORE BLVD., CONDO # 203	
STREET ADDRESS	ORMOND BEACH, FL. 32176	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/06/01

Date

904/441-0242

Daytime Phone #

CR2E034 (10/00)