**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**
May 28, 2002 8:00 am
Secretary of State
05-28-2002 91650 024 ****70.00

---

1. **Entity Name**
   
   SUNSHINE SAFETY COUNCIL, INC.

---

2. **Principal Place of Business**

   150 NO BEACH STR
   DAYTONA BCH FL 32114
   US

3. **Mailing Address**

   150 NO BEACH STR
   DAYTONA BCH FL 32114
   US

---

4. **FEI Number**

   59-2372470

5. **Certificate of Status Desired**

   $8.75 Additional Fee Required

6. **Name and Address of Current Registered Agent**

   MOUNTCASTLE, ARTHUR
   150 N. BEACH STREET
   DAYTONA BEACH FL 32114

---

7. **Name and Address of New Registered Agent**

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

   City

   FL

   Zip Code

---

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.

---

9. **Election Campaign Financing Trust Fund Contribution**

   $5.00 May Be Added to Fees

10. **Officers and Directors**

    | Title | Name                  | Street Address          | City-St-Zip |
    |-------|-----------------------|-------------------------|-------------|
    | PVC   | BENNETT, RUSSELL     | 880 OLD MILL RUN ORMOND BEACH FL 32174 |
    | T     | GREENE, BARBARA       | 4041 S NOVA ROAD  PORT ORANGE FL 32127 |
    | D     | MCINIRE, JAMES        | 8 RIVERINE DRIVE PALM COAST FL 32164 |
    | D     | VON NIEDA, HAROLD     | 101 S. RIDGEWOOD AVE. EDGEWATER FL 32132 |
    | T     | MARKOS, GEORGE        | PO BOX 2811 DAYTONA BEACH FL 32120-2811 |
    | S     | MOUNTCASTLE, ARTHUR, M. | 1341 GOLFVIEW DRIVE DAYTONA BEACH FL |

11. **Additions/Changes to Officers and Directors in 10**

    | Title | Name                  | Street Address          | City-St-Zip |
    |-------|-----------------------|-------------------------|-------------|
    | VC    |                       |                         |             |

---

12. 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 617, 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 powered.

**Signature:**

**Signature and Typewritten or Printed Name of Signing Officer or Director**

**Date:** 5/30/02

**Daytime Phone #:**

---