

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90302 029 ***150.00

DOCUMENT # 277312

1. Entity Name

SUNSHINE STABLES INC ✓



DO NOT WRITE IN THIS SPACE

90102572

2. Principal Place of Business

4550 ULMERTON ROAD

3. Mailing Address

4550 ULMERTON ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER FL

City & State

CLEARWATER FL

4. FEI Number

59-1231566

Applied For

Not Applicable

Zip

33762

Country

US

Zip

33762

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MUSGRAVE, Sibyl

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

15236 AVALON AVE

City

CLEARWATER

FL

Zip Code

33760

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MUSGRAVE, Sibyl C.
STREET ADDRESS 15236 AVALON AVE
CITY-ST-ZIP CLEARWATER FL 33760

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T.D.
NAME TERHAAR, LOIS M.
STREET ADDRESS 1959 LEVINE LANE
CITY-ST-ZIP CLEARWATER FL 33760-1612

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME ROGERSON, LINDA JOY
STREET ADDRESS 4205 JETTON AVE.
CITY-ST-ZIP TAMPA FL 33629-4948

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME MUSGRAVE, JERRY C.
STREET ADDRESS 35445 BLANTON ROAD
CITY-ST-ZIP DADE CITY FL 33523

TITLE
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CITY-ST-ZIP

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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sibyl C. Musgrave*

SIBYL C. MUSGRAVE

4/20/03

727-531-2088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)