2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # 464241** Jul 19, 2000 8:00 am Secretary of State 1. Entity Name SUNSHINE SERVICE CENTER, INC. 07-19-2000 90004 013 ***150.00 Principal Place of Business Mailing Address 1601 S. FEDERAL HIGHWAY 1601 S. FEDERAL HIGHWAY **BOYNTON BEACH FLORIDA 33435 BOYNTON BEACH FLORIDA 33435** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1554690 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Baukéma, Henry Street Address (P.O. Bex Number is Not Acceptable) 3696 ALADDIN AVE **BOYNTON BEACH FLORIDA 33436** 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, OFFICERS AND DIRECTORS 12. Vice President/Pres, Itange TITLE Delete TITLE BAUKEMA, HENRY NAME NAME 3696 ALADDIN AVE STREET ADDRESS STREET ADDRESS Bonita Isle Drive CITY-ST-ZIP BOYNTON BCH. FL CITY-ST-ZIP TS TITLE ☐ Delete TITLE ☐ Addition BAUKEMA, JUDI NAME NAME STREET ADDRESS 3696 Aladdin Ave STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOYNTON BCH. FL ☐ Addition TITLE Delete TITLE DE VRIES, STEVE NAME NAME 730 OCEAN-INLET DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH FL CITY-ST-ZIP TITLE Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME

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 appaddress, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SNOT SEREDURETULLI BAUKENA

14 7-10

561732-5072

Daytime Phone #

July 11 2000

To Whom it may concern:

I have just received the form for Corporation Filing which says " second notice".

This is the first notice I received for this year. I would like to request a waive of the penality, due to the fact I never received the first notice.

As you can see from our past history we have always sent this payment in early in the past, usually by the first part of March.

Thank you for your consideration.

Judi Baukema, Treasurer, Secretary

Sunshine Service Center, Inc.

1601 S. Federall Hwy

Boynton Beach, FI 33435

561 732-5072