

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2001 8:00 am
Secretary of State

06-06-2001 90006 019 ***150.00

0307904

DOCUMENT # 464241

1. Entity Name:

SUNSHINE SERVICE CENTER, INC.

Principal Place of Business

**1601 S. FEDERAL HIGHWAY
 BOYNTON BEACH FL 33435**

Mailing Address

**1601 S. FEDERAL HIGHWAY
 BOYNTON BEACH FL 33435**

2. Principal Place of Business

8330 Bonita Isle Drive

3. Mailing Address

8330 Bonita Isle Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Worth, FL

City & State

Lake Worth, FL

Zip

33467

Country

Palm Bch

Zip

33467

Country

Palm Bch

4. FEI Number

59-1554690

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BAUKEMA, HENRY
 8330 BONITA ISLE DRIVE
 LAKE WORTH FL 33467**

7. Name and Address of New Registered Agent

Name

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.

SIGNATURE

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

(NOT 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 **VPP** ☐ Delete
 NAME **BAUKEMA, HENRY**
 STREET ADDRESS **8330 BONITA ISLE DRIVE**
 CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **TS** ☐ Delete
 NAME **BAUKEMA, JUDI**
 STREET ADDRESS **8330 BONITA ISLE DRIVE**
 CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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 no 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:

Judi Baukema (Treas) 5/1/01 561649-9333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)