

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 91187 033 \*\*\*150.00

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**DOCUMENT # 495767**

1. Entity Name  
**SUNSHINE SURVEYS, INC.**

Principal Place of Business  
**100 NORTHWEST 37TH AVENUE**  
**MIAMI FL 33125**

Mailing Address  
**100 NORTHWEST 37TH AVENUE**  
**MIAMI FL 33125**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1688574**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM**  
**1200 S PINE ISLAND RD**  
**PLANTATION FL 33324**

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

(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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TOBIN, RICHARD W. JR.	
STREET ADDRESS	100 N.W. 37TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	TOBIN, RICHARD	
STREET ADDRESS	100 NW 37TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	CD	<input type="checkbox"/> Delete
NAME	PAYNE, THOMAS	
STREET ADDRESS	3040 SALT CREEK LANE	
CITY-ST-ZIP	ARLINGTON HTS IL 60005	
TITLE	ASAT	<input type="checkbox"/> Delete
NAME	SOLARZ, ANTHONY	
STREET ADDRESS	3040 SALT CREEK LANE	
CITY-ST-ZIP	ARLINGTON HTS IL 60005	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	DARLING, PAUL	
STREET ADDRESS	3040 SALT CREEK LANE	
CITY-ST-ZIP	ARLINGTON HEIGHTS IL 60005	
TITLE	D	<input type="checkbox"/> Delete
NAME	FREEHILL, MICHAEL H.	
STREET ADDRESS	3040 W. SALT CREEK LANE	
CITY-ST-ZIP	ARLINGTON HEIGHTS, IL 60005	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President and Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3040-W. SALT CREEK LANE	
CITY-ST-ZIP		
TITLE	ASAT & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	3040 W. SALT CREEK LANE	
CITY-ST-ZIP		
TITLE	Secretary, Treas. & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3040 W. SALT CREEK LANE	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" 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:** *Anthony Solarz* **Asst. Secy., & Asst. Treas.** 3/26/02 847-590-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)