

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90031 035 ***150.00

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 AV

DOCUMENT # 534053

1. Entity Name

S.P. SUNSHINE D'S INC.

S.P. Sunshine Inc. DBA Captain D's

NIC NOT filed
APR ✓

Principal Place of Business

**13016 US 301
 DADE CITY FL 33525**

Mailing Address

**2509 COUNTRY CLUB RD
 WINTER HAVEN FL 33881
 US**

2. Principal Place of Business

3. Mailing Address

467 Archaic Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Winter Haven FL

4. FEI Number

59-2555707

Applied For

Not Applicable

Zip

Country

Zip

Country

33880

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

PARRISH, ANNA

**2509 COUNTRY CLUB RD
 WINTER HAVEN FL 33881**

Name

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

467 Archaic Dr.

City

Winter Haven

FL

Zip Code

33880

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	PT	<input type="checkbox"/> Delete
NAME	PARRISH, ANNA L.	
STREET ADDRESS	2509 COUNTRY CLUB RD	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	S	<input type="checkbox"/> Delete
NAME	WATERS, TERESA R	
STREET ADDRESS	2509 COUNTRY CLUB RD	
CITY-ST-ZIP	WINTER HAVEN FL-33881	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	467 Archaic Dr.	
CITY-ST-ZIP	Winter Haven FL 33880	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	467 Archaic Dr.	
CITY-ST-ZIP	Winter Haven FL 33880	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input 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:

Anna L. Parrish

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-02 863 291-0467

Date

Daytime Phone #

CR2E034 (9/01)