

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90237 016 \*\*\*150.00

**DOCUMENT # 534053**

1. Entity Name  
**S. P. SUNSHINE D'S INC.**



Principal Place of Business  
**13016 US 301  
DADE CITY FL 33525**

Mailing Address  
**467 ARCHAIC DR  
WINTER HAVEN FL 33880  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2555707**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARRISH, ANNA  
467 ARCHAIC DR  
WINTER HAVEN FL 33880**

Name **Raymond Parrish**

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

**2509 Country Club Rd. N.**

City

**Winter Haven**

**FL**

Zip Code

**33881-9201**

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete
NAME	<b>PARRISH, ANNA L.</b>	
STREET ADDRESS	<b>467 ARCHAIC DR</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33880</b>	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	<b>WATERS, TERESA R</b>	
STREET ADDRESS	<b>467 ARCHAIC DR</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33880</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>Vice President, Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Anna L. Parrish</b>	
STREET ADDRESS	<b>2509 Country Club Rd. N.</b>	
CITY-ST-ZIP	<b>Winter Haven FL 33881-9201</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>President, Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Raymond Parrish</b>	
STREET ADDRESS	<b>2509 Country Club Rd. N.</b>	
CITY-ST-ZIP	<b>Winter Haven FL 33881-9201</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-03

Date

Daytime Phone #

CR2E034 (10/02)