

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 541867

1. Entity Name

SUNSHINE MASONRY, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90057 032 ***150.00

Principal Place of Business

Mailing Address

11547 CHARLIES TERRACE
FT. MYERS FL 33907
US

11547 CHARLIES TERRACE
FT. MYERS FL 33907-3049
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 59-1768710

Applied For

Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSTON, THEODORE
1349 WALES DR.
FT. MYERS FL 33901

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PD	JOHNSTON, THEODORE	1349 WALES DR FT MYERS FL	
	STD	JOHNSTON, SANDRA	1349 WALES DR FT MYERS FL	
	VD	CURCIO, JOHN A	15384 FIDDLESTICKS BLVD FT MYERS FL	
	V	CUMMINGS, ARNOLD B	11547 CHARLIES TERRACE FT MYERS FL	
	V	METRICK, GLEN F	11547 CHARLIE'S TERRACE FORT MYERS FL 33907	
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)