

03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 544653

1. Entity Name

SUNSHINE CAP CO



FILED

03 JUN 26 AM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1142 W. MAIN ST.

Suite, Apt. #, etc.

3. Mailing Address

1142 W. MAIN ST.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAKELAND FL

City & State

LAKELAND FL

4. FEI Number

59-1815022

Applied For

Not Applicable

Zip

33815

Country

USA

Zip

33815

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JORDAN COKEE

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

1142 W. MAIN ST.

City

LAKELAND

FL

Zip Code

33815

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT-SECRETARY-TREASURER
JORDAN COKEE
1142 W. MAIN ST.
LAKELAND, FL 33815

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500021154885
06/26/03--01024--009 **150.00

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP
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06/26/03--01024--010 **400.00

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

JORDAN COKEE

6-23-03

863-688-8147

Date

Daytime Phone #

CR2E034B (12/02)