

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90173 029 \*\*\*150.00

0515910 AV

**DOCUMENT # 814266**

1. Entity Name

**SUNSHINE STATE SUPPLY, INC.**

Principal Place of Business

**2705 MALL DR  
SARASOTA FLA 34231  
US**

Mailing Address

**2705 MALL DR  
SARASOTA FLA FL 34231  
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 **59-0895060**

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

**MACY, WILLIAM  
2705 MALL DRIVE  
SARASOTA FL 34231-5941**

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	<b>DST</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SCHONEK, W.E.</b>	
STREET ADDRESS	<b>1333-1335 EISENHOWER BV</b>	
CITY-ST-ZIP	<b>JOHNSTOWN PA</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>DRAGOVICH, ANN</b>	
STREET ADDRESS	<b>1333-1335 EISENHOWER BV</b>	
CITY-ST-ZIP	<b>JOHNSTOWN PA</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>MACY, WILLIAM</b>	
STREET ADDRESS	<b>2708 MALL DRIVE</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>SHILEY, STANLEY</b>	
STREET ADDRESS	<b>123 FAIRFIELD AVE</b>	
CITY-ST-ZIP	<b>JOHNSTOWN PA</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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>123 FAIRFIELD AVE.</b>	
CITY-ST-ZIP	<b>15906</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D ST</b>	
STREET ADDRESS		
CITY-ST-ZIP	<b>15906</b>	
TITLE	<b>D V</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MICHELLE RAE GRAHAM</b>	
STREET ADDRESS	<b>305 FRANKLIN ST</b>	
CITY-ST-ZIP	<b>JOHNSTOWN PA 15901</b>	
TITLE	<b>D ASST. S/T</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LINDA J. SZEWCZYK</b>	
STREET ADDRESS	<b>305 FRANKLIN ST.</b>	
CITY-ST-ZIP	<b>JOHNSTOWN PA 15901</b>	

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:

*Stanley Shiley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/7/02 (814) 536-3219**

Date

Daytime Phone #

CR2E034 (9/01)