FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90232 002 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F 01000002969

1. Entity Name
Sunshore, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4020 McEwen	3767 Forest Lane
Suite, Apt. #, etc. 180	Suite, Apt. #, etc. 224 LB 445
City & State Dallas, TX	City & State Dallas, TX
Zip 75244 Country Dallas	Zip 75244-7100 Country Dallas

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-2696937 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Name: CT Corporation system

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Rd

City: Plantation Zip Code: 33324

7. 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

8. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

9. Election Campaign Financing Trust Fund Contribution. ☐ May Be Added to Fee

10. OFFICERS AND DIRECTORS			
TITLE	P/D	TITLE	
NAME	Robert T Cozean	NAME	
STREET ADDRESS	3767 Forest Lane, Ste 124 LB 445	STREET ADDRESS	
CITY-ST-ZIP	Dallas, TX 75244-7100	CITY-ST-ZIP	
TITLE	VP/S/T	TITLE	
NAME	Brian A Kueker	NAME	
STREET ADDRESS	3767 Forest Lane, Ste 124 LB 445	STREET ADDRESS	
CITY-ST-ZIP	Dallas, TX 75244-7100	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE
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CITY-ST-ZIP		CITY-ST-ZIP	

(10/01) CR2E042

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

Brian A Kueker (214) 220-0205
Name and Signature Date Daytime Phone #

CERTIFIED MAIL RECEIPT 7000 1670 0001 0041 1262