

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F76024

FILED  
Apr 30, 2002 8:00 AM  
Secretary of State

**Entity Name:** SUNSHINE PROPERTIES OF TAMPA, INC.

**Current Principal Place of Business:**

1912 REBECCA ROAD  
LUTZ, FL 33549

**New Principal Place of Business:**

1912 REBECCA ROAD  
LUTZ, FL 33548

**Current Mailing Address:**

P.O. BOX 261-866  
TAMPA, FL 336858866

**New Mailing Address:**

P.O. BOX 261866  
TAMPA, FL 336858866

**FEI Number:** 59-2198185

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CASH, B. LESLIE  
3210 CHAPIN STREET  
TAMPA, FL 33611 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: CASH, LESLIE B  
Address: 1912 REBECCA ROAD  
City-St-Zip: LUTZ, FL 33549

Title: VT ( ) Delete  
Name: EVANS, LARRY  
Address: 1912 REBECCA ROAD  
City-St-Zip: LUTZ, FL 33549

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VT (X) Change ( ) Addition  
Name: EVANS, LARRY  
Address: 1912 REBECCA ROAD  
City-St-Zip: LUTZ, FL 33548

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: B LESLIE CASH

PS

04/30/2002

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date