FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State
03-31-2002 90353 045 ***150.00

DOCUMENT # F99000000414

1. Entity Name

Sunshine Development Prope... INC.

DO NOT WRITE IN THIS SPACE

B0053906

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Address Change

2. Principal Place of Business	3. Mailing Address
3299 OVERTON TRAIL	P.O. BOX 100612
Suite, Apt. #, etc.	Suite, Apt. #, etc.
BIRMINGHAM, AL	BIRMINGHAM, AL.
City & State	City & State
Zip 35243 Country USA	Zip 35210 Country USA

4. FEI Number 63-1200798 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PD
NAME	BAKANE, MARK
STREET ADDRESS	5399 EAST Hwy C-30A
CITY-ST-ZIP	PMB 128 SANTA ROSA, FL. 32459
TITLE	DV
NAME	LAZARUS, STEVEN E
STREET ADDRESS	3299 OVERTON TRAIL
CITY-ST-ZIP	BIRMINGHAM, AL 35243
TITLE	S
NAME	BAKANE, CYNTHIA H
STREET ADDRESS	5399 EAST Hwy C-30A
CITY-ST-ZIP	PMB 128 SANTA ROSA, FL. 32459
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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

SIGNATURE: _____ 3/15/02 850-231-1365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #