2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

G03554 **DOCUMENT #**

1. Entity Name

SUNSHINE PROPERTIES INTERNATIONAL, INC.



FILED Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90288 005 ***158.75

See Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent WEINER, FRANCES S 104 E.NINE MILE ROAD PENSACOLA FL 32514 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 Florica. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS 150,00 After May 1, 2003 Fee will be \$550,00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. MAKE SIRRET ADDRESS OTY-51-79* PENSACOLA FL 32506 ITTLE MAY BRETHORST, RHONDA SIRRET ADDRESS OTY-51-79* PENSACOLA FL 32506 OTHER MAY BRETHORSTS, RHONDA SIRRET ADDRESS OTY-51-79* PENSACOLA FL 32506 OTHER MAY BRETHORSTS, SIRRET ADDRESS OTY-51-79* PENSACOLA FL 32506 OTHER MAY BRETHORSTS, RHONDA SIRRET ADDRESS OTY-51-79* PENSACOLA FL 32506 OTHER MAY BRETHORSTS, RHONDA SIRRET ADDRESS OTY-51-79* PENSACOLA FL 32506 OTHER MAY BRETHORSTS, RHONDA SIRRET ADDRESS OTH-51-79* OTHER ADDRESS OT						TO THE THE				
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WEINER, FRANCES S 104 E.NINE MILE ROAD PENSACOLA FL 32514 City FL Zip Code City FL		6. Name and Ad	dress of Current Re	gistered Agent			7. Name and Address of New Re	gistered A	gent	
Street Address (P.O. Box Number is Not Acceptable) City F.L. Zip Code C	*					Name			-	
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Entry State Address Ciry-St-2P City FL Zip Code					-			-		-
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Septiment pend or printed registered agent and side if applicable. INOTE Registered Agent signature required when resistancy) DATE	· Litorio	DE 11 E 0E017				City			T Zin Coc	le .
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: