

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G07436

1. Entity Name

SUNSHINE BRIGHT PAINTING & WATERPROOFING COMPANY

Principal Place of Business

Mailing Address

4900 BRITTANY DR  
~~7100~~ *Sunshine Skyway South*  
 ST PETERSBURG FL ~~33711~~  
 US *33711*

4900 BRITTANY DR S  
~~SUITE 1111~~ *7100 Sunshine Skyway Lane*  
 ST. PETERSBURG FL ~~33711~~ *#804*  
 US *33711*

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

59-2223940

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARGER, BRUCE, ESQ.  
 FLORIDA FEDERAL BUILDING  
 360 CENTRAL AVE, SUITE 1500  
 ST. PETERSBURG FL 33701

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, 2000 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 ☐ Delete  
 NAME SD  
 STREET ADDRESS CONSOLI, MARY  
 CITY-ST-ZIP 5853 LEELAND ST., S.  
 ST. PETERSBURG FL

TITLE ☐ Delete  
 NAME PD  
 STREET ADDRESS CONSOLI, ROBERT P.  
 CITY-ST-ZIP 5853 LEELAND ST., S.  
 ST. PETERSBURG FL

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*MARY B. CONSOLI*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90082 044 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

*3/1/00 127 867 2954*