

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90678 043 ***150.00

0560283 AV

DOCUMENT # G09822

1. Entity Name
SUNSHINE MOBILE HOMES CORPORATION

Principal Place of Business

104 SEAFERN DR
LEESBURG FL 34788

Mailing Address

104 SEAFERN DR
LEESBURG FL 34788

2. Principal Place of Business

1532 Schult Ct

Suite, Apt. #, etc.

3. Mailing Address

1532 Schult Ct

Suite, Apt. #, etc.

City & State

TAVARES, FL

City & State

TAVARES, FL

Zip

32778

Country

USA

Zip

32778

Country

USA

4. FEI Number

23-0463351

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LEARY, PERCELL J.
104 SEAFERN DRIVE
LEESBURG FL 34788

7. Name and Address of New Registered Agent

Name

LEARY, Perce/J

Street Address (P.O. Box Number is Not Acceptable)

1532 Schult Ct

City

TAVARES

FL

Zip Code

32778

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, 2002 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

TITLE	P	<input type="checkbox"/> Delete
NAME	LEARY, PERCELL J.	
STREET ADDRESS	104 SEAFERN DRIVE	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LEARY, FRANCES D.	
STREET ADDRESS	104 SEAFERN DRIVE	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEARY, Perce/J	
STREET ADDRESS	1532 Schult Ct	
CITY-ST-ZIP	TAVARES, FL 32778	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEARY, FRANCES D	
STREET ADDRESS	1532 Schult Ct	
CITY-ST-ZIP	TAVARES, FL 32778	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2E034 (9/01)