

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90065 038 ***150.00

DOCUMENT # G91933

1. Entity Name

SONSHINE MEDICAL AND SURGICAL SUPPLIES, INC.

Principal Place of Business

3971 US 27 S
SEBRING FL 33870

Mailing Address

3971 US 27 S
SEBRING FL 33870

2. Principal Place of Business

4011 U.S Hwy 27 S

Suite, Apt. #, etc.

3. Mailing Address

4011 U.S Hwy 27 S

Suite, Apt. #, etc.

City & State

Sebring FL

City & State

Sebring FL

4. FEI Number **59-2012403**

Applied For

Not Applicable

Zip

33870

Country

Highlands

Zip

33870

Country

Highlands

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

SEITZ, MARIA

~~207 NE LAKEVIEW DR APT 510~~ 4011 U.S 27 S.
SEBRING FL 33870

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, 2001 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 VP ☐ Delete
NAME SEITZ, JOHN
STREET ADDRESS 412 N.E. LAKEVIEW DR.
CITY-ST-ZIP SEBRING FL

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

TITLE P ☐ Delete
NAME SEITZ, MARIA
STREET ADDRESS 207 NE LAKVIEW DR #510
CITY-ST-ZIP SEBRING FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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: *Maria Seitz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA SEITZ PRES. 3/6/01 863 3822606

Date

Daytime Phone #

CR2E034 (10/00)