

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90001 038 ***150.00

0474456 AV

DOCUMENT # G91933

1. Entity Name
SONSHINE MEDICAL AND SURGICAL SUPPLIES, INC.

Principal Place of Business

4011 US HWY 27 S
SEBRING FL 33870

Mailing Address

4011 US HWY 27 S
SEBRING FL 33870



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2012403**

Applied For

Not Applicable

Zip

Country

Zip

Country

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
SEBRING FL 33870

Name

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

3810 Medina Way

City **Sebring**

FL

Zip Code **33875**

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

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 **18546 Otterwood Ave**
STREET ADDRESS **Tampa, FL**
CITY-ST-ZIP **33647**

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

TITLE ☒ Change ☐ Addition
NAME **3810 Medina Way**
STREET ADDRESS **Sebring, FL**
CITY-ST-ZIP **33875**

TITLE ☐ Delete
NAME **---**
STREET ADDRESS **---**
CITY-ST-ZIP **---**

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

TITLE ☐ Delete
NAME **---**
STREET ADDRESS **---**
CITY-ST-ZIP **---**

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CITY-ST-ZIP **---**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02 863 3822606
 Date Daytime Phone #

CR2E034 (9/01)