## 2001 UNIFORM BUSINESS RÉPORT (UBR) FILED Apr 30, 2001 8:00 am Secretary of State **DOCUMENT # H17138** SUNSHINE FAST-PRINT, INC. 04-30-2001 90455 004 \*\*\*150.00 Principal Place of Business Mailing Address % PATRICIA J. WILLIAMS % PATRICIA J. WILLIAMS 99264 OVERSEAS HWY. 99264 OVERSEAS HWY. D0043547 KEY LARGO FL 33037 KEY LARGO FL 33037 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2458599 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIAMS, JAMES G. Street Address (P.O. Box Number is Not Acceptable) 99264 OVERSEAS HWY. KEY LARGO FL 33037 City 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's gnature required when reinstating) DATE This corporation is cligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PTD TITLE Delete TETLE CR2E034 (10/00 ☐ Addition WILLIAMS, JAMES G. WILLIAMS, JAMES G. NAME NAME 88 HENRY MORGAN DR STREET ADDRESS 210 S.COCONUT PALM BLVD STREET ADDRESS C!TY-ST-ZIP KEY LARGO, FL 33037 TAVERNIER FL CITY-ST-ZiP TITLE WILLIAMS, PATRICIA J. 88 HENRY MORGAN DR. ☐ Delete TITLE ☐ Addition WILLIAMS, PATRICIA J. NAME NAME STREET ADDRESS 210 S.COCONUT PALM BLVD STREET ADDRESS CITY-ST-ZIP TAVERNIER FL CITY - ST - ZIP KEY LARGO, FL 33037 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP TIT! F ☐ Delete TUTLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 7|T| 9 Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS 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.

CITY-ST-ZIP

SIGNATURE:

TURE AND TYPES OR PRINTED NAM NING OFFICER OR DIRECTOR