

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H54605

1. Entity Name

SUNSHINE EXCAVATORS, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90236 025 ***150.00

Principal Place of Business

2130 CORPORATION BLVD
NAPLES FL 34109
US

Mailing Address

4760 TAMiami TRAIL
#26
NAPLES FL 34103-3057
US

A3041076



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2130 CORPORATION BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
NAPLES FL

4. FEI Number

59-2565507

Applied For

Not Applicable

Zip

Country

Zip

Country

34109

USA

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

SLACK, MARK
801 ANCHOR RODE DR.
NAPLES FL 34103

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 VP ☐ Delete
NAME JONES, B. C
STREET ADDRESS 440 BATTERSEA CT
CITY-ST-ZIP MARCO ISLAND FL 34145

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

TITLE P ☐ Delete
NAME JONES, PATRICK F.
STREET ADDRESS 5741 20TH AVE S.W.
CITY-ST-ZIP NAPLES FL 34116

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

TITLE ST ☒ Delete
NAME JONES, M. LORRAINE
STREET ADDRESS 5741 20 AVE SW
CITY-ST-ZIP NAPLES FL 34116

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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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

PATRICK F. JONES

1/24/00

Daytime Phone #

CR2E034 (9/99)