

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H62828

1. Entity Name

SUNSHINE CARRIERS, INC.

**FILED**  
Feb 08, 2001 8:00 am  
Secretary of State

02-08-2001 90441 001 \*\*\*150.00

02-08-2001 90441 002 \*\*\*\*\*8.75

Principal Place of Business

1760 EXECUTIVE DRIVE  
WINTER HAVEN FL 33884

Mailing Address

P.O. BOX 1677  
DUNDEE FL 33838  
US

2. Principal Place of Business

190 WINTER HAVEN BLVD

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1677

Suite, Apt. #, etc.

City & State

WINTER HAVEN FL

City & State

DUNDEE FL

Zip

33881

Country

USA

Zip

33838

Country

USA

4. FEI Number

59-2544677

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JOHNS, JEFF  
1760 EXECUTIVE DRIVE  
WINTER HAVEN FL 33884

7. Name and Address of New Registered Agent

Name

JEFF JOHNS

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

190 WINTER HAVEN BLVD

City

WINTER HAVEN

FL

Zip Code

33881

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

|                |                   |                                 |
|----------------|-------------------|---------------------------------|
| TITLE          | PD                | <input type="checkbox"/> Delete |
| NAME           | JOHNS, JEFF, Y    |                                 |
| STREET ADDRESS | 1760 EXECUTIVE DR |                                 |
| CITY-ST-ZIP    | WINTER HAVEN FL   |                                 |
| TITLE          | STD               | <input type="checkbox"/> Delete |
| NAME           | JOHNS, DOUGLAS L. |                                 |
| STREET ADDRESS | 1760 EXECUTIVE DR |                                 |
| CITY-ST-ZIP    | WINTER HAVEN FL   |                                 |
| TITLE          | VD                | <input type="checkbox"/> Delete |
| NAME           | JOHNS, JACK V.    |                                 |
| STREET ADDRESS | 1760 EXECUTIVE DR |                                 |
| CITY-ST-ZIP    | WINTER HAVEN FL   |                                 |
| 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          | PD                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | JEFF JOHNS            |  |
| STREET ADDRESS | 190 WINTER HAVEN BLVD |  |
| CITY-ST-ZIP    | WINTER HAVEN FL 33881 |  |
| TITLE          | VD                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | DOUG JOHNS            |  |
| STREET ADDRESS | 190 WINTER HAVEN BLVD |  |
| CITY-ST-ZIP    | WINTER HAVEN FL 33881 |  |
| 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

2-5-01

Date

863-297-3600

Daytime Phone #

CR2E034 (10/00)