

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2001 8:00 am**  
**Secretary of State**

03-22-2001 90034 031 \*\*\*150.00

**DOCUMENT # H85411**

1. Entity Name  
**SUNSHINE WOODCRAFTERS, INC.**

Principal Place of Business  
**% SERGE COTE**  
**4630 122 NORTH DRIVE.**  
**ROYAL PALM BEACH FL 33411**

Mailing Address  
**1275 W LAKESHORE DR**  
**CLERMONT FL 34711**

2. Principal Place of Business  
**1275 W Lakeshore DR**

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**Clermont, FL**

City & State

4. FEI Number **59-2592235**

Applied For  
Not Applicable

Zip **34711** Country **LAKE**

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

**COTE, SERGE**  
**4630 122 NORTH DRIVE.**  
**ROYAL PALM BCH FL 33411**

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 **DP**  
NAME **COTE, SERGE**  
STREET ADDRESS **4630 122 NORTH DRIVE.**  
CITY-ST-ZIP **ROYAL-PALM BCH FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP

☐ Change ☐ Addition

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: **SERGE COTE** **3/20/01** **352-243-2879**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)