2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **J35553**

1. Entity Name

V.I.P. SUNSHINE SERVICES, INC.



FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90173 031 ***150.00

				O WE IS			
Principal Place of Business 9500 FOX TROT LANE BOCA RATON FL 33496 US		Mailing Address 9500 FOX TROT LANE BOCA RATON FL 33496 US					
2. Principal Place	of Business	3. Mailing Address		 -	-		
Suite, Apt. #, etc.		Suite, Apt*#, etc.			=CHECK-HERE:IF MAKING, CHANGES		
City & State		City & State			4. FEI Number 59-2754031	Applied F	
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		
DEROBERTIS, PAULA 9500 FOX TROT LANE BOCA RATON FL 33496				ame reet Address (F	P.O. Box Number is Not Acceptable)		

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. I am familiar with, and accept the obligations of registered agent.

City

PIO

Signature, typed or printed name of registered agent and titl

Paula De RoberTis

(NOTE: Registered Agent signature required when reinstat

3/23/07

Zip Code

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

Check Payable to Florida Department of State

Check Payable to Florida Department of State

Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE Change Addition DEROBERTIS, PAULA NAME 9500 FOX TROT LANE STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS this extract and the ordered CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 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

S /OX .

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Daytime Phone #