

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

0474841 AV

DOCUMENT # J93615

1. Entity Name
SUNSHINE COMPANIES, INC.

04-11-2002 90007 035 ***150.00

Principal Place of Business

% FRED SANDLIN
 5825 US 27 N
 SEBRING FL 33870
 US

Mailing Address

% FRED SANDLIN
 5825 US 27 N
 SEBRING FL 33870
 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For
☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SANDLIN, FRED
5825 US 27 N
SEBRING FL 33870

7. Name and Address of New Registered Agent

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, 2002 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 ☐ Delete
 NAME **D SANDLIN, FRED**
 STREET ADDRESS **5825 US 27 NORTH**
 CITY-ST-ZIP **SEBRING FL 33870**

TITLE ☐ Delete
 NAME **D GAINES, ROBERT**
 STREET ADDRESS **5825 US 27 NORTH**
 CITY-ST-ZIP **SEBRING FL 33870**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☒ Addition
 NAME **P Craig A. Vanderburg**
 STREET ADDRESS **755 W. Big Beaver Rd., Suite 1700**
 CITY-ST-ZIP **Troy, MI 48084**

TITLE ☐ Change ☒ Addition
 NAME **S/T James E. Baiers**
 STREET ADDRESS **755 W. Big Beaver Rd., Suite 1700**
 CITY-ST-ZIP **Troy, MI 48084**

TITLE ☐ Change ☒ Addition
 NAME **D John Burcham II**
 STREET ADDRESS **755 W. Big Beaver Rd., Suite 1700**
 CITY-ST-ZIP **Troy, MI 48084**

TITLE ☐ Change ☐ 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: **JAMES E. BAIERS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/02 248-244-9600

CR2E034 (9/01)