

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **J93615**

1. Entity Name
SUNSHINE COMPANIES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR -3 PM 4:40

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

755 W. Big Beaver

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1700

City & State

City & State

Troy, MI

Zip

Country

Zip

48084

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

**SANDLIN, FRED
5825 US 27 N
SEBRING FL 33870**

Name

NationsCorp Registered Agents, Inc.

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

526 E. Park Avenue

City

Tallahassee, FL

FL

Zip Code

32301

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.

SIGNATURE

W. Edward Hand, President
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/20/03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

(JNC85)

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME **100013284331**
STREET ADDRESS **03/03/03--01002--003 **158.75**
CITY-ST-ZIP

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

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

TITLE **P** ☐ Delete
NAME **VANDEBURG, CRAIG A**
STREET ADDRESS **755 WEST BIG BEAVER ROAD, SUITE 1700**
CITY-ST-ZIP **TROY MI 48084**

TITLE **President/Director** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **BAIERS, JAMES E**
STREET ADDRESS **755 WEST BIG BEAVER ROAD, SUITE 1700**
CITY-ST-ZIP **TROY MI 48084**

TITLE **Secretary/Director** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BURCHAM, JOHN II**
STREET ADDRESS **755 WEST BIG BEAVER ROAD SUITE 1700**
CITY-ST-ZIP **TROY MI 48084**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Treasurer/Director** ☐ Change ☒ Addition
NAME **Andrew S. Alley**
STREET ADDRESS **755 W. Big Beaver Suite 1700**
CITY-ST-ZIP **Troy, MI 48084**

12. 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 10 or Block 11 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 #

2/21/03 248-269-9600

CR2E034 (10/02)