

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K07688

1. Entity Name
SUNSHINE BREWING, INC.

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90184 008 ***150.00

00035343



DO NOT WRITE IN THIS SPACE

Principal Place of Business
% EDMUND P. COOPER
120 SW FIRST AVE
GAINESVILLE FL 32601

Mailing Address
% EDMUND P. COOPER
120 SW FIRST AVE
GAINESVILLE FL 32601

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
6607 NW 28 PL
Suite, Apt. #, etc.

City & State
Gainesville, FL

Zip
32606

Country
Hawaii

4. FEI Number 59-2860541

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
COOPER, EDMUND P.
120 SW FIRST AVE
GAINESVILLE FL 32601

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 Edmund P. Cooper Edmund P. Cooper 4/2/01
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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOPER, EDMUND P.		NAME		
STREET ADDRESS	6607 NW 28TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENN, ROBERT D.		NAME		
STREET ADDRESS	120 SW FIRST AVENUE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Edmund P. Cooper 4/2/01 352 377 2927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Edmund P. Cooper

0008573

CR2E034 (10/00)