

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90020 033 ***150.00

DOCUMENT # K83784



1. Entity Name
SUNSHINE MUSIC GROUP, INC.

Principal Place of Business
735 COLORADO AVE
7
STUART FL 34994
US

Mailing Address
PO BOX 2209
STUART FL 34995
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0125043**

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

7. Name and Address of New Registered Agent

MILLER, JOHN
2402 SW MONOR HILL DRIVE 5
PALM CITY FL 34990

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

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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	PT	<input type="checkbox"/> Delete
NAME	HAZELDINE, MICHAEL	
STREET ADDRESS	3577 SE DOUBLETTON DR	
CITY-ST-ZIP	STUART FL 34997	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MILLER, JOHN	
STREET ADDRESS	2402 SW MANOR HILL DRIVE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	VS	<input type="checkbox"/> Delete
NAME	PEAT, WILFRED	
STREET ADDRESS	1274 SW FOUNTAIN AVE	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	SHELDON, EATER	
STREET ADDRESS	2499 SE GRAND DRIVE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____

SUNSHINE MUSIC GROUP, INC. MICHAEL HAZELDINE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-03
Date

(772) 286 5549
Daytime Phone #

CR2E034 (10/02)