

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**

03-20-2001 90028 043 \*\*\*150.00

**DOCUMENT # K97435**

1. Entity Name

**SONSHINE LANDSCAPE AND MAINTENANCE, INC.**

Principal Place of Business

**5601 S.W. 185TH WAY  
 FT. LAUDERDALE FL 33332  
 US**

Mailing Address

**5601 S.W. 185TH WAY  
 FT. LAUDERDALE FL 33332  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0129625**

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

**EPPS, CURTISS W  
 18600 SW 55TH STREET  
 FT. LAUDERDALE FL 33332**

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, 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	PD	<input type="checkbox"/> Delete
NAME	EPPS, CURTISS	
STREET ADDRESS	18600 SW 55TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	EPPS, CRAIG	
STREET ADDRESS	5601 SW 185TH WAY	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	EPPS, NANCY	
STREET ADDRESS	<del>5601 SW 185TH WAY</del>	
CITY-ST-ZIP	<del>FT LAUDERDALE FL</del>	
TITLE	V	<input type="checkbox"/> Delete
NAME	EPPS, CURTISS W. II	
STREET ADDRESS	<del>18600 SW 55TH ST</del>	
CITY-ST-ZIP	<del>FT LAUDERDALE FL</del>	
TITLE	V	<input type="checkbox"/> Delete
NAME	EPPS, CHRISTOPHER T.	
STREET ADDRESS	5601 SW 185TH WAY	
CITY-ST-ZIP	FT LAUDERDALE FL	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	18600 SW 55th Street	
CITY-ST-ZIP	ft lauderdale, FL 33332	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8006 NW 105th AVE	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

027546