## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## L09829 **DOCUMENT #**

SUNSHINE STATE CHATTAHOOCHEE, INC.



FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90723 017 \*\*\*158.75

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Principal Place of Business 13345 NW 13TH STREET SUNRISE FL 33323 US		13345 NW	Mailing Address 13345 NW 13 STREET SUNRISE FL 33323 US								
2. Principal Place of Business		3. Mailing A	3. Mailing Address					9:511 61611		J.1 <b>9</b> (5)  (65)	
Suite, Apt. #, etc		- Suite, Ap	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State	City & State		City & State			65-0138026			Not	olied For Applicable	
Zip	Country	Zip	Zip Coun			5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name and Address of Curre	ent Registered Ag				7. Name and Address of New Registered Agent					
WO! 7500	DETED.		Name								
WOLTERS			Stre			treet Address (P.O. Box Number is Not Acceptable)					
13345 NW					<u> </u>		<u> </u>				
SUNRISE	FL 33323								Zip Code		
					City			FL	· ·		
	named entity submits this statemer ons of registered agent.	nt for the purpose	of changing its	registere	ed office or registe	ered age	ent, or both, in the State of Florida.	I am far	niliar with, a	and accept	
SIGNATURE _	Signature, typed or printed name of registered a	gent and title if applicable	e. (NOTE	E: Registere	d Agent signature requir	red when rei	nstating)	DATE			
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550. Payable to Florida Departmen	00	To and				Election Campaign Financir     Trust Fund Contribution.	ng 🗆		May Be to Fees	
10.	OFFICERS A	ND DIRECTORS		11.		ADI	DITIONS/CHANGES TO OFFICER	S AND [	DIRECTORS		
TITLE	PD		☐ Delete	TITL				ļ	☐ Change	☐ Addition	
NAME	WOLTERS, PETER			NAM	EET ADDRESS					-	
STREET ADDRESS   CITY-ST-ZIP	13345 NW 13 STREET SUNRISE FL 33323		CIT							ĺ	
TITLE	00111102120000		☐ Delete	TITL	<del>-</del>				☐ Change	Addition	
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CITY-ST-ZIP		,,.	Delete	TITU			<u>,</u> .		☐ Change	Addition	
TITLE NAME			LT Delete	NAN						_	
STREET ADDRESS					EET ADDRESS					ļ	
CITY-ST-ZIP				CIT	Y-ST-ZIP						
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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.

Peter Wolfers

954 394-2382

**SIGNATURE:** 

3-11-03