

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2001 8:00 am**  
**Secretary of State**

01-10-2001 90145 039 \*\*\*150.00

00001712



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # L49884</b> 1. Entity Name <b>SUNSHINE STATE AUTO BROKERS, INC.</b>				4. FEI Number <b>59-3006693</b> <div style="float: right; border: 1px solid black; padding: 2px;">           Applied For  <input type="checkbox"/> Not Applicable         </div>																													
Principal Place of Business <b>5423 PASADENA DR ORLANDO FL 32809</b>		Mailing Address <b>P.O. BOX 568791 ORLANDO FL 32856 US</b>		<div style="font-size: 2em; margin-bottom: 10px;">00001712</div> <p>DO NOT WRITE IN THIS SPACE</p>																													
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																															
City & State		City & State																															
Zip	Country	Zip	Country																														
6. Name and Address of Current Registered Agent <b>GANEY, HARRISS M. 5423 PASADENA DR ORLANDO FL 32809</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																	
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="padding: 5px;">11. OFFICERS AND DIRECTORS</th> <th colspan="2" style="padding: 5px;">12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 30%; padding: 5px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="width: 70%; padding: 5px;">           PD GANEY, HARRISS M. 5423 PASADENA DR ORLANDO FL <input type="checkbox"/> Delete         </td> <td style="width: 30%; padding: 5px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="width: 70%; padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 5px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 5px;">           ST GANEY, JAN C. 5423 PASADENA DR ORLANDO FL <input type="checkbox"/> Delete         </td> <td style="padding: 5px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 5px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 5px;"> <input type="checkbox"/> Delete         </td> <td style="padding: 5px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 5px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 5px;"> <input type="checkbox"/> Delete         </td> <td style="padding: 5px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 5px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 5px;"> <input type="checkbox"/> Delete         </td> <td style="padding: 5px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 5px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 5px;"> <input type="checkbox"/> Delete         </td> <td style="padding: 5px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> </table>						11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GANEY, HARRISS M. 5423 PASADENA DR ORLANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GANEY, JAN C. 5423 PASADENA DR ORLANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.																																	
<b>SIGNATURE: <u>Harriss M. Ganev</u> Harriss M. Ganev</b> <span style="float: right;">1-5-01 407-857-1344</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																	

CR2E034 (10/00)