

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L54756

1. Entity Name
SUNSHINE MIRROR, INC.

Principal Place of Business
7337 COMMERCIAL CIRCLE
KING'S HWY INDUSTRIAL PARK
FT PIERCE FL 34951
US

Mailing Address
P O BOX 15216
TAMPA FL 33684
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 59-3004338

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

BRUCCOLIERE, RONALD D
5300 W KNOX RD
TAMPA FL 33604

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 D ☐ Delete
NAME BRUCCOLIERE, RONALD
STREET ADDRESS % 5300 W. KNOX RD
CITY-ST-ZIP TAMPA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ELOZORY, TODD
STREET ADDRESS C/O 5300 W KNOX RD
CITY-ST-ZIP TAMPA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ELOZORY, DANIEL TOBY
STREET ADDRESS C/O 5300 W KNOX RD
CITY-ST-ZIP TAMPA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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 lists empowered.

SIGNATURE:

DANIEL TOBY ELOZORY

5/31/01

813 884-2561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90002 017 ***150.00



DO NOT WRITE IN THIS SPACE



Attachment

Doc. # L54726
B0058833

Kings Highway Industrial Park . 7337 Commercial Circle . Ft. Pierce, Florida 34951 . Telephone: 407-465-6569
800-284-5277
Fax: 800-876-7377

May 31, 2001

To Whom It May Concern:

In recent months we have moved our administrative staff to new offices. We have also had difficulty retaining employees in this department. With these changes it has been challenging to maintain an organized office. We have recently begun using a computer scheduling program. We have added the filing of the "Uniform Business Report" as an annual calendar event to our scheduler and thereby we will be reminded to file each year.

We are respectfully requesting an abatement of the \$400.00 late fee. We have always filed timely in the past, and we have taken corrective action to make sure that we will file timely in the future. Thank you for your consideration of this matter.

Sincerely,

Daniel Toby Elozory
Secretary/Treasurer