

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90068 002 ***158.75

DOCUMENT # L94538

1. Entity Name

SUNSHINE-7, INC.

Principal Place of Business

**7680 UNIVERSAL BLVD
 SUITE 440
 ORLANDO FL 32819
 US**

Mailing Address

**7680 UNIVERSAL BLVD
 SUITE 440
 ORLANDO FL 32819
 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 **59-3026921**

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

**PEARLMAN, CRAIG S.
 201 S. ORANGE AVE.
 SUITE 900
 ORLANDO FL 32802**

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

940 Highland Avenue

City

Orlando

FL

Zip Code

32803

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 **S** ☐ Delete
 NAME **KISTLER, DEBRA C.**
 STREET ADDRESS **7680 UNIVERSAL BLVD STE 440**
 CITY-ST-ZIP **ORLANDO FL 32819**

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

TITLE **VT** ☒ Delete
 NAME **ARAI, KUNIMASA**
 STREET ADDRESS **2255 KUHIO AVE #1700**
 CITY-ST-ZIP **HONOLULU HA**

TITLE **VT** ☒ Change ☐ Addition
 NAME **Mr. Arthur B. Spencer**
 STREET ADDRESS **2255 Kuhio Avenue, Suite 1700**
 CITY-ST-ZIP **Honolulu, Hawaii**

TITLE **D** ☐ Delete
 NAME **KAWAZOE, KAZUMI**
 STREET ADDRESS **1-33-18 HAKUSAN BUNKYO-KU**
 CITY-ST-ZIP **TOKYO JA**

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

TITLE **D** ☐ Delete
 NAME **SHIMADA, YUTAKA**
 STREET ADDRESS **1-33-18 HAKUSAN BUNKYO-KU**
 CITY-ST-ZIP **TOKYO JA**

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

TITLE **P** ☐ Delete
 NAME **KAWAZOE, FUKUYOSHI**
 STREET ADDRESS **2255 KUHIO AVE #1700**
 CITY-ST-ZIP **HONOLULU HA**

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

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

Debra C. Kistler 1-8-01 (407) 352-8665

Date

Daytime Phone #

CR2E034 (10/00)

0071802