

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90167 017 \*\*\*150.00

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**DOCUMENT # M36112**

1. Entity Name

SUNSHINE WAREHOUSES F.L.B., INC.



Principal Place of Business

109 SE 3 CT  
DEERFIELD BCH FL 33441  
US

Mailing Address

1150 NW 13 ST  
264C  
BOCA RATON FL 33486  
US

2. Principal Place of Business

3. Mailing Address

1116 LAKE TERRACE  
Suite, Apt. #, etc. G 208

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOYNTON BCH, FLA 33426

Zip

Country

Zip

Country

33426-4275 PALM BCH.

4. FEI Number 59-2703107

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TJARKS, FRANK F.  
1150 NW 13 ST  
264C  
BOCA RATON FL 33486

Name

FRANK F. TJARKS

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

1116 LAKE TERRACE #G 208

City BOYNTON BCH

FL

Zip Code

33426-4275

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Frank F. TJARKS*  
Signature, typed or printed name of registered agent and title if applicable.

TJARKS, FRANK F.

APRIL 14-03

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

After May 1, 2003 Fee will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TJARKS, FRANK F. 1150 NW 13 ST 264C BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:

SIGNATURE REQUIRED

FRANK F. TJARKS 561-732-5773

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)