

# 2001 UNIFORM BUSINESS REPORT (UBR)

0028228 AF

**DOCUMENT # M98000000170**

**1. Entity Name**  
SUNSHINE ASSETS, LTD., AN OHIO LIMITED LIABILITY

**Principal Place of Business**  
1765 MERRIMAN ROAD  
AKRON OH 44313

**Mailing Address**  
1765 MERRIMAN ROAD  
AKRON OH 44313

FILED  
01 FEB -1 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** 31-1492814

Applied For  
Not Applicable

Zip Country

Zip Country

**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

**9. MANAGING MEMBERS/MEMBERS**

**10. ADDITIONS/CHANGES**

**TITLE** MGR ☐ Delete  
**NAME** FUTURE HORIZONS, INC.  
**STREET ADDRESS** 1765 MERRIMAN ROAD  
**CITY-ST-ZIP** AKRON OH 44313

**TITLE** ☐ Change ☐ Addition  
**NAME** 200003662632-5  
**STREET ADDRESS** -02/09/01--01007--011  
**CITY-ST-ZIP** \*\*\*\*\*50.00 \*\*\*\*\*50.00

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

**TITLE** ☐ Change ☐ Addition  
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**CITY-ST-ZIP**

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**CITY-ST-ZIP**

**11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

*By: Alan W. Sponseller, V.P., Future Horizons, Inc., Tallahassee, Florida*

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*1/15/01* *330-836-9971*  
Date Daytime Phone #

CR2E083 (11/00)