

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90049 008 ****61.25

DOCUMENT # N02000001825

1. Entity Name

SONSHINE QUARTET INC.



Principal Place of Business

**1150 S W 139TH TERRACE
OCALA FL 34481**

Mailing Address

**1150 S W 139TH TERRACE
OCALA FL 34481**

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

04-3638308

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

**CRUTCHFIELD, DON
1150 S W 139TH TERRACE
OCALA FL 34481**

7. Name and Address of New Registered Agent

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
D	CRUTCHFIELD, DON	1150 S W 139TH TERRACE	OCALA FL 34481	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	CRISP, ROBERT	100 S W 134TH COURT	OCALA FL 34481	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	CRUTCHFIELD, DONALD WAYNE	1150 S W 139TH TERRACE	OCALA FL 34481	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	CRUTCHFIELD, MATTHEW	1150 S W 139TH TERRACE	OCALA FL 34481	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	ALDERMAN, RICHARD	100 S W 134TH COURT	OCALA FL 34481	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	JOHNSON, TONY	1150 S W 139TH TERRACE	OCALA FL 34481	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 617, 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

1-3-03

Date

Daytime Phone #

CR2E037 (10/02)