

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

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90272 017 \*\*\*\*61.25

**DOCUMENT # N94000002424**

1. Entity Name

**SUNSHINE JUBILEE - SPEBSQSA;PO31, INC.**



Principal Place of Business

1255 MARINA POINT, APT. 311  
C/O TROY SOOS  
CASSELBERRY FL 32707  
US

Mailing Address

1255 MARINA POINT, APT. 311  
C/O TROY SOOS  
CASSELBERRY FL 32707  
US

2. Principal Place of Business

2550 HIGHLANDS VUE PKWY

3. Mailing Address

2550 HIGHLANDS VUE PKWY

Suite, Apt. #, etc.

% KEITH HOPKINS

Suite, Apt. #, etc.

% KEITH HOPKINS

City & State

LAKELAND FL

City & State

LAKELAND FL

Zip

33813

Country

USA

Zip

33813

Country

USA

4. FEI Number 59-3177728

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

SOOS, TROY  
1255 MARINA POINT, APT. 311  
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

Name Keith Hopkins

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

2550 Highlands Vue Pkwy

Lakeland

City Lakeland

FL

Zip Code 33813

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

Keith Hopkins Keith Hopkins

4-22-03

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CHRISTENSEN, ERIC	
STREET ADDRESS	412 MEAD DR	
CITY-ST-ZIP	OVEDO FL 32765	
TITLE	T	<input type="checkbox"/> Delete
NAME	SOOS, TROY	
STREET ADDRESS	1255 MARINA PT., #311	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	D	<input type="checkbox"/> Delete
NAME	NANTZ, HAROLD	
STREET ADDRESS	1421 HENDREN DR	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEBB, MARSHALL	
STREET ADDRESS	5514 STULL AVE	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DICK WENZEL	
STREET ADDRESS	3522 BUFFAM PL	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEITH HOPKINS	
STREET ADDRESS	2550 HIGHLANDS VUE PKWY	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Keith Hopkins Keith Hopkins

4-22-03

863-258-0184

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)