

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005406

1. Entity Name

SONSHINE INTERNATIONAL PUBLICATION, INC.

Principal Place of Business

427 TIMBER LAKE DR
MELBOURNE FL 32941
US

Mailing Address

427 TIMBER LAKE DR
MELBOURNE FL 32941
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

59-3477165

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

BRADLEY, FRANCIS M
427 TIMBERLAKE DRIVE
MELBOURNE FL 32940

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

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~DP~~ ☒ Delete
NAME ~~LEES, DONALD~~
STREET ADDRESS ~~47 MARIA ISLES BLVD~~
CITY-ST-ZIP ~~MELBOURNE FL~~

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

TITLE ~~DS~~ ☒ Delete
NAME ~~COULTON, ARLENE~~
STREET ADDRESS ~~5925 OLD DIXIE HWY~~
CITY-ST-ZIP ~~MELBOURNE FL~~

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

TITLE ~~DT~~ ☒ Delete
NAME ~~BRADLEY, FRANCIS~~
STREET ADDRESS ~~427 TIMBERLAKE~~
CITY-ST-ZIP ~~MELBOURNE FL~~

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

TITLE ~~DV~~ ☒ Delete
NAME ~~LEES, LINDA~~
STREET ADDRESS ~~47 MARINA ISLE BLVD.~~
CITY-ST-ZIP ~~INDIAN HARBOR BCH. FL~~

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

TITLE ~~DS~~ ☐ Delete
NAME ~~BRADLEY, NANCY~~
STREET ADDRESS ~~4277 TIMBERLAKE~~
CITY-ST-ZIP ~~MELBOURNE FL 32940~~

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

TITLE ~~DB~~ ☐ Delete
NAME ~~BRADLEY, ANDREW~~
STREET ADDRESS ~~2724 Bay Vista~~
CITY-ST-ZIP ~~Highland Hl 48357~~

TITLE ☐ Change ☐ 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:

Francis M Bradley

1/5/2002 321-242-1421

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE