


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

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90083 026 ****61.25

DOCUMENT # N98000001040

1. Entity Name
SUNSHINE REGIONAL ASSOCIATION OF RSES, INC.



Principal Place of Business Mailing Address

545 ARABELLA LANE **545 ARABELLA LANE**
COCOA FL 32927-5052 **COCOA FL 32927-5052**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **23-7094300** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STEINBERG, RICHARD
572 NW FLORESIA DR
PORT SAINT LUCIE FL 34983-8615

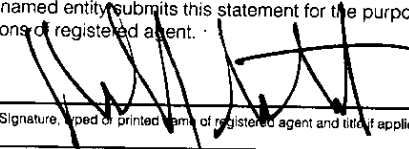
7. Name and Address of New Registered Agent

Name **RICHARD STEINBERG**

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

City **COCOA** FL Zip Code **32927-5052**

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  **RICHARD STEINBERG** DATE **3/11/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME	D STEINBERG, RICHARD <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	572 NW FLORESTA PORT ST LUCIE FL 34983
TITLE NAME	D BACHNER, KENNETH <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	4729 ARTHUR ST PALM BEACH GARDENS FL 33418
TITLE NAME	D DUNN, DAVID <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1313 GOLFVIEW ST ORLANDO FL 32804
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	RICHARD STEINBERG 545 ARABELLA LANE COCOA, FL 32927-5052
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  **RICHARD STEINBERG** DATE **3/11/03**

CR2E037 (10/02)